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DAVID E. JANSSEN
Chief Administrative Officer

County of Los Angeles CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://cao.co.la.ca.us>

September 26, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE HOMELESS AND HOUSING PROGRAM FUND (ALL AFFECTED) (4 VOTES)

JOINT RECOMMENDATION BY THE CHIEF ADMINISTRATIVE OFFICER (CAO), THE EXECUTIVE DIRECTOR OF THE COMMUNITY DEVELOPMENT COMMISSION (CDC), THE DIRECTORS OF THE DEPARTMENTS OF CHILDREN AND FAMILY SERVICES (DCFS), HEALTH SERVICES (DHS), PUBLIC HEALTH (DPH), MENTAL HEALTH (DMH), PUBLIC SOCIAL SERVICES (DPSS), PROBATION, AND THE SHERIFF REQUESTING THAT YOUR BOARD:

1. Approve the recommended allocation of the \$80 million County Homeless and Housing Program Fund (HHPF) into two major expenditure categories and related subcategories as outlined in the Homeless and Housing Program Fund Spending Plan (Attachment I).
2. Delegate authority to the CAO to prepare and execute agreements and Memoranda of Understanding (MOUs) needed to implement the provisions of County Programs, as noted on Attachment I, Subcategories 1, 2, and 3 with County departments/agencies and contractors.
3. Delegate authority to the CAO to execute amendments to the agreements and/or MOUs which either makes technical changes as may be needed to implement the funded programs and/or increase or decrease the maximum agreement/MOU amount by no more than 10 percent provided sufficient funding is available. The approval from County Counsel will be obtained prior to executing any such amendments.

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

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Fourth District

MICHAEL D. ANTONOVICH
Fifth District

4. Direct the CAO working with the participating departments to return to the Board within 120 days with a recommended Request For Proposal (RFP) process for the HHPF City/Community Programs category of funds which utilizes the attached Spending Principles (Attachment II), input from private nonprofit homeless housing and service providers, and best practices employed in other local efforts such as the Partnership for Families process implemented by First 5 LA and the City of Industry Fund (Industry Fund) allocation process utilized by the CDC.
5. Receive and file the attached Quarterly Status Report on the Implementation of the County Homeless Prevention Initiative (Attachment III).
6. Approve the Request for Appropriation Adjustment (Attachment IV) for Fiscal Year 2006-07 in the amount of \$74.1 million, which is fully funded by one-time County General Fund revenue approved by your Board on April 4, 2006 to fund the projected cost of the recommendations outlined below.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On April 4, 2006, your Board approved the County Homeless Prevention Initiative (HPI) including 11 key recommendations. The HPI consisted of two categories of funding: (1) \$15.4 million in funding for ongoing programs; and, (2) \$80 million in one-time funding to develop innovative programs. Both funding categories are to focus on reducing or preventing homelessness.

In approving the HPI, your Board directed the CAO to coordinate the preparation of quarterly status reports beginning in September 2006, providing your Board with implementation updates and analysis of results of the various HPI programs in reducing and preventing homelessness. The first Status Report is included as Attachment III. Recommendation No. 5 requests your Board to receive and file this Status Report.

Creation of the \$80 million HHPF consisting of one-time County General Fund dollars was one of the key HPI recommendations. Based upon your Board's direction, a team of participating County departments (County Staff Team), including the CAO, DPSS, DHS, DPH, DMH, DCFS, Sheriff, Probation, and the CDC, met regularly and conducted numerous meetings with community stakeholders composed of homeless and housing service providers, advocates, and local governments to obtain input on the allocation of the HHPF.

Given the importance and unique challenges related to the development of a proposed spending plan for the HHPF, the consulting firm of Hamilton, Rabinovitz, & Alschuler, Inc. (HR&A) was retained to assist the County Staff Team with this effort. HR&A was selected because of its outstanding knowledge of, and practical experience with, publicly financed housing issues, as well as its track record in working with the County CDC in implementing the Industry Fund affordable housing development program.

Challenges

One of the County Staff Team's early challenges in developing expenditure recommendations was to align the HHPF with: (1) the Board's extensive existing funding commitments to the homeless population; (2) the wide range of County assistance programs already in place; (3) the special characteristics of a one-time allocation of this magnitude; (4) funding resources currently or potentially available from the State (e.g., Proposition 63 - Mental Health Services Act [MHSA] and the Governor's End Long-Term Homelessness in California Initiative), the City of Los Angeles and other public, private, and philanthropic agencies; and (5) the extraordinary size, complexity, and geographic distribution of the homeless population in Los Angeles County.

A report received from HR&A outlined the following points for consideration in the design of an HHPI² expenditure plan:

- The Board-approved funding is a one-time commitment with no assurance that it will be repeated in future years; or, if repeated, will not necessarily be at the same scale. This argues against using the funds in ways that involve long-term, ongoing annual commitments.
- The funding is unusually flexible, because it is from the County's General Fund and can be spent without the requirements or restrictions generally imposed by other public financing programs.
- The one-time nature of the HHPF suggests that its use should be held to heightened performance standards and measures of success.
- Given the special nature of the HHPF and heightened performance standards, allocation decisions should be based upon program design merit and not geographic distribution equity.

The County Staff Team and stakeholders also carefully considered whether all or most of the HHPF should be targeted to development of additional affordable housing units, because the need for new units is so large. This approach was rejected for several reasons.

- First, the County subsidy required to deliver a unit of affordable housing for the special needs populations is about \$100,000 per unit, based on recent expenditures from the Industry Fund and County HOME affordable housing programs. This means that the \$80 million HHPF could support development of about 800 units. Although this would be a very important contribution, it pales in comparison to the current estimate of 88,000 homeless persons in the County, and a large number of additional households at risk of becoming homeless.
- Second, there are a number of other existing sources of capital funding for development of such housing, including existing County programs, city redevelopment and housing trust funds, tax-exempt bonds, State and federal low-income housing tax credit equity, and other State funds (e.g., Multifamily Housing Program). The State currently does not allow the MHSA funds to be used for capital development, but may in the future. While these sources do not meet the demand for new affordable housing, they are already being accessed regularly by affordable housing developers. County funds have supported the development of nearly 1,000 new special needs units over the past decade, and many more units have been, or will be, built within Los Angeles, Santa Monica, West Hollywood, Long Beach, and other cities within the County.
- Third, funding for the wide range of supportive services and operating subsidies that are essential to make housing for the homeless population effective is in more desperately short supply than funding for development costs. In addition to supportive services and operating subsidy funding that is needed to support each new affordable housing development, there are many existing developments that lack sufficient supportive services and operating subsidy funding, or are at-risk of losing the funding they now have. And, there is evidence from existing County programs that other, more modest expenditures can make a significant difference in preventing or ending homelessness for a larger number of individuals and families, as discussed below.

Spending Principles

With these considerations in mind, HR&A also suggested several principles to guide development of recommendations for the types of programs the HHPF might target. These principles, which were shared during the stakeholder input process described below, and revised based upon input from stakeholders, shaped the recommendations in this report. The principles suggest that HHPF expenditures should seek to accomplish one or more of the following:

- Provide high leveraging opportunity.
- Help build service system capacity or fill service gaps in existing service systems.
- Demonstrates collaborative networks and capacity building.
- Support previously untried projects or programs that hold particular promise for success in addressing homelessness.
- Support approaches than can be replicated elsewhere in the County.
- Result in a net cost savings to the County.
- Decrease the number of homeless individuals and/or families in a given area.
- Will not replace existing funding.
- Demonstrates the value of modifying or waiving administrative requirements tied to existing funding sources.
- Includes a plan for replacement funding.
- Demonstrates community support.

It is not intended that each funded HHPF project or program meet each and every one of the Spending Principles. Rather, projects and programs should be weighed against the principles to ensure that there is significant alignment with their general intent.

Recommendations

The County Staff Team's expenditure recommendations reflect all of the above considerations. They are also based on several months of meetings with community-based service providers, housing and homeless advocates, affordable housing developers, local government representatives, and deputies from your offices.

The recommendations as set forth in Attachment I are divided into two overarching categories: (1) \$32 million (or 40 percent) for City/Community Programs, which would be distributed on the basis of competitive proposals from social service providers, cities and/or communities for locally-defined needs; and, (2) \$48 million (or 60 percent) for County administered programs. These two major program categories and their respective programs are described below. The individual programs within each category are also

summarized in the Program Detail Matrix (Attachment V). The attachment identifies the lead County department/agency responsible for program oversight and indicates if that department/agency or a non-County agency will be providing the service via a contract or MOU.

City/Community Programs

The \$32 million for the City/Community Program category would be distributed using a Countywide open, competitive proposal process and would serve to strengthen local social service infrastructure and/or help create an infrastructure in communities where one currently does not exist. These funds could also be used as interim gap funding and for the expansion or enhancement of programs with a record of proven success.

In meeting with the various community/stakeholder groups, the County Staff Team stressed that applicants would be expected to leverage any proposals made under this program with funds from other programs such as the MHSA, the Industry Fund and the \$15.4 million ongoing County General Fund approved for the HPI. Examples of such leveraging would be MHSA full service partnerships and Safe Havens; Industry Fund special needs housing projects; and the stabilization centers, the General Relief Rental Subsidy Pilot Program, the housing data base and housing locators funded through the HPI. The County Staff Team has also stressed that applicants would be expected to identify other sources of funding to maintain their programs once the programs are established with assistance from the HHPF.

Within the City/Community Programs category, it is recommended that sub-allocations be made as follows:

- \$11.6 million for Capital Development: This part of the HHPF would be reserved to support the development of three types of housing capital projects:
 - *Emergency Shelters, Transitional Shelters, and Permanent Affordable Housing:* This would include a one-time opportunity for funding required to develop new housing resources, as defined and supported by an individual city or community.
 - *Safe Havens:* This would provide funding for new construction or expansion of an existing facility to provide up to two new Safe Havens to serve homeless single adults with severe mental illness and substance abuse or other serious problems. Safe Havens provide a high tolerance program that includes housing without time-limits and voluntary services, and has no more than 25 beds per site. This

approach is beginning to show effectiveness in reaching dually-diagnosed chronically homeless people, and other individuals with special needs who have not been successfully engaged by other programs. This allocation would also be in the form of a one-time commitment for part of a project's capital cost.

- *Operating Subsidies:* An operating subsidy is supplemental monthly revenue to affordable housing owners/developers that is required to maintain accessibility for very low income individuals and families whose rent payments are not sufficient to pay all operating costs. Operating subsidies are primarily used in developments whose tenants are chronically homeless individuals with multiple difficulties (e.g., mental health issues, active substance use, and possible criminal history), or transitional age youth, who are in need of, intensive supportive services attached to their housing, but who cannot afford to pay much for rent.
- \$20.4 million for Locally Defined Programs: This part of the HHPF would be reserved for competitive proposals that seek to reduce and/or prevent homelessness through programs sponsored by community-based organizations and/or social service providers, but with the support of local government or communities. Such proposals could include, for example, programs involving delivery of supportive service (e.g., mental health, substance abuse treatment or counseling, physical health, or benefit qualification assistance), case management programs (i.e., referrals to service providers and referral follow-ups), service needs assessments, programs to strengthen local collaborations among service providers, and community education.

The central concept behind this recommendation is that the needs of the homeless and at-risk populations in each area of the County are so different, and the development status of each community's continuum of care varies so significantly, that it is not possible to prescribe a particular approach to ending or preventing homelessness that will be effective in all areas of the County. This approach will enable service providers, cities, and communities the opportunity to design whatever approach best suits their particular circumstances, and seek funding from the HHPF to help implement it.

Both the Capital Development and Locally Defined Programs components of this HHPF funding category would be distributed on the basis of competitive proposals. CDC would lead the process and would use the Special Needs Housing Alliance as the participating County Staff Team. Although the precise details of this approach cannot be developed in advance of your Board's concurrence with these HHPF expenditure recommendations, the County Staff Team envisions a process that may include the following general elements.

- For the Capital Development programs, competitive proposals would be considered in a way that is similar to the Industry Fund affordable housing program. The Industry Fund model has proven over the past 10 years to be an effective approach to soliciting competitive housing development proposals, and conducting a rigorous and timely proposal review and funding recommendation process. Among the elements of this approach that help make it effective are a clear RFP document that is developed through intensive County staff review and general consultation with potential applicants; a largely objective scoring system in which points are awarded for specified criteria that are weighted in relation to their relative importance in achieving a successful project; use of independent reviewers to score the proposals; and use of an independent panel of subject matter experts to confirm or modify the application scores, as the basis for recommendations to your Board.

Applications for HHPF funding to support development of shelters, new affordable units, or Safe Havens would be a logical extension of the Industry Fund approach. Even the program for operating subsidies could fit easily within this implementation model, because the applicants would be affordable housing developers similar to those involved in the Industry Fund program, and the applications would involve technical issues with which the CDC is already very experienced.

- The City/Community Programs category proposal review and recommendation approach could follow the Industry Fund model, in general, though it would emphasize input from the health and human service departmental representatives of the Special Needs Housing Alliance. The process for this category would also include more effort at the outset to develop the RFP, its applicant eligibility requirements, maximum funding limits, application scoring system, among other proposal particulars, and to conduct informational outreach to potential applicants to familiarize them with the process.

Given the variety of services or programs that may qualify for these funds, further work may be needed with prospective applicants to narrow the range of possible funding categories so that appropriate proposal evaluation criteria can be developed. At a minimum, adherence to the Spending Principles noted above, firm plans for non-HHPF replacement funding, and a system of program evaluation using the County's *Performance Counts!* framework would be required. Implementation may also require making additional, though tentative, sub-allocations of funding within this category, which could then be shifted between categories in response to demand, once proposals have been submitted. The proposals could be scored by an interdepartmental County staff team, and then confirmed or modified by a panel of independent subject matter specialists, as with the Industry Fund program, in order to frame recommendations to your Board for funding. Recommendation No. 4 provides direction to staff to return to the Board within 120 days with a fully developed process.

County Programs

The \$48 million for the "County Programs" category would serve County clients who are homeless or at-risk of homelessness through extending existing successful programs that have been provided on a trial basis and proven successful; trying new programs that have the promise of success; and/or trying programs that have the potential of demonstrating to the State and Federal government the value of having flexible funding to respond to the needs of the homeless, or those at-risk of homelessness.

The County Programs funds will be distributed among the following four sub-categories:

- Capital Development (\$20.8 million), which would support two programs that are critical to developing new, permanent affordable housing, but which lack sufficient funding from existing sources. Additional details related to the recommended programs to be funded within the Capital Development category are as follows:
 - *Revolving Loan Fund for Predevelopment Costs (\$20.0 million)*: The loan fund would provide vital low-cost financing to developers of special needs and affordable housing for those costs typically incurred in the early stages of project formulation, and before other funding sources are available. These include, for example, funds to option, hold or acquire development sites, appraisals and other site acquisition transaction costs, preliminary design costs, environmental and other due diligence expenses and zoning permit applications. As the loan funds are repaid with interest, additional loans will be made from the fund. CDC estimates that this allocation could support development of 100 units of affordable housing during the first year of operation and 200 units every year thereafter. This number could increase if preliminary discussions between CDC and other public and philanthropic funders result in an even larger revolving loan fund that is seeded with these County funds.
 - *Community Outreach and Collaboration Strategies (\$800,000)*: Funding this program would allow for the development and implementation of comprehensive community outreach and collaboration strategies to address anticipated adverse community reaction to proposed new construction projects and services through a proactive approach including the preparatory work of building relationships, collaborative alliances, judicious planning/action, and education efforts. This program is targeted to serve County departments/agencies, community service providers, housing developers, and clients receiving services and housing placements under other HHPF programs, such as the stabilization centers.

- Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention (\$17.3 million), which would assist homeless and at-risk homeless persons by providing housing assistance to clients discharged from County institutions or systems of care including: County jails and hospitals and County dependency and delinquency programs; or those who have been highlighted by your Board and other stakeholders as needing special attention such as homeless families on Skid Row or homeless families/individuals seeking to exit the emergency/transitional shelter system. Additional details related to the recommended programs to be funded within this category are as follows:
- *Moving Assistance for CalWORKs Non-Welfare-to-Work Homeless Families and Non-CalWORKs Families in Emergency/Transitional Shelter, or Similar Temporary Group Living (\$1.3 million)*: Eligible families may receive Moving Assistance funds to secure permanent housing which the family has sufficient income to sustain on an ongoing basis. Moving Assistance funds may be used to pay for move-in costs, including security deposits, last month's rent, utility turn-on fees, moving expenses (e.g., truck rental), and the purchase of a stove and/or refrigerator if the new housing unit does not have these appliances. This is a once-in-a-lifetime benefit with limited exceptions. An estimated 1,305 CalWORKs Non-Welfare-to-Work Homeless Families and an estimated 450 non-CalWORKs Families exiting emergency/transitional shelters will be served at an average estimated cost of \$700 per family.
 - *Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living (\$4.5 million)*: The subsidies would provide up to \$300/per month in rental assistance per family (depending on the family size) for 12 months for non-subsidized permanent housing. (\$200 per month for a family of 2; \$250 for family of 3; \$300 for family of 4 or more.) The subsidy must be for permanent housing that the family has sufficient total income to sustain when coupled with the assistance. It is estimated that 1,475 families, based on an average rental subsidy of \$250/per month, will be assisted with the recommended funding allocation.
 - *Eviction Prevention for CalWORKs Non-Welfare-to-Work Homeless Families (\$500,000)*: Eviction Prevention would provide funds to pay rent and/or utilities for up to two months in arrears to assist a family in maintaining permanent housing. Families must have a 3-day notice to pay rent or quit, due to non-payment of rent as a result of a financial hardship (not for any other lease/contract violation). Family must provide proof of the financial hardship. Maximum benefit is \$2,000/per family; the actual average cost under the current Los Angeles County Emergency Assistance to Prevent Eviction program is \$514/per family. However, as a result of

recent State legislation, the State will now pay for rent arrearages for most CalWORKs families. Accordingly, the HHPF funding will primarily cover utility arrearages, thereby reducing the average cost per family. This is a once-in-a-lifetime benefit with limited exceptions. An estimated total of 2,079 families will be served by this program.

- *Housing Assistance for Skid Row Families: (\$3.7 million):* This funding for housing assistance is a critical component of the Skid Row Families Initiative. On June 26, 2006, your Board approved a one-year Demonstration Project to be administered on a sole source basis by Beyond Shelter, with the Skid Row Outreach Team (SROT) composed of staff from DCFS, DPSS, DPH, and DMH, to provide housing locator assistance, case management and access to permanent housing for Skid Row Families. Your Board's approval on June 26 provided funding to Beyond Shelter for staffing and related resources to run the program. Families referred to Beyond Shelter by the SROT will be relocated outside the Skid Row area into short-term housing within 24 hours. The majority of families will be simultaneously involved in the Crisis Intervention Program for temporary shelter placement and the Housing First Program for permanent housing placement. The Housing First Program includes six months of home-based case management following the move to help families transition to stability. It is projected that 500 families on Skid Row would be served by this program. It is anticipated that 90 percent (450) of these families will be moved into and stabilized in permanent, rental housing in residential areas located throughout Los Angeles County. County staff and Beyond Shelter have secured 350 Section 8 vouchers (300 from the City of Los Angeles secured through the Mayor's Office) to provide housing for Skid Row families. This \$3.7 million will be used to augment the Section 8 vouchers by providing an extended hotel stay for families being qualified for Section 8; in addition these funds will provide "shallow" rental subsidies for the 150 families for which Section 8 vouchers are not available.
- *Moving Assistance for Single Adults in Emergency/Transitional Shelter, or Similar Temporary Group Living (\$1.1 million):* Moving Assistance would provide single homeless adults in emergency/transitional shelter, or similar temporary group living a once-in-a-lifetime benefit to move into verified permanent housing which the individual's income would be sufficient to sustain on an ongoing basis. These funds could cover the last month's rent, security deposits, utility turn-on fees, and moving expense (e.g., truck rental), up to a total of \$800. Additionally, the program would provide up to \$405 for a stove and/or refrigerator if not available in the new housing. Based on experience with a comparable program for CalWORKs homeless families, the average cost is estimated to be \$500/individual. It is projected that 2,000 single adults would be served by this program.

- *Discharge of Hospital Patients (Recuperative Care) (\$1.2 million):* This two-year pilot project, which is being developed through a partnership between County DHS and private hospitals/health systems and foundations, would create 45 new 24-hour emergency shelter beds that would provide medical oversight for homeless individuals being discharged from hospitals who no longer require acute care, but do require some medical/caregiver assistance. It is projected that the pilot project would serve approximately 540 clients per year for two years. The County portion of the funding would cover 15 of these beds and would serve approximately 180 clients per year for two years.
- *Moving Assistance/Rental/Subsidies for Transitional Age Youth (TAY) Exiting Dependency and Probation Systems (\$3.5 million):* This program would provide moving assistance, rental subsidies, and supportive services to sustain permanent housing opportunities for TAY connected with the County's dependency and probation systems. The program would serve dependency and probation TAY up to 25 years old, who are exiting the child welfare and juvenile justice systems and young adult probationers, who are homeless or at-risk of becoming homeless and are in need of permanent housing. Staff administering the program would distribute funds, provide for housing locator assistance, and provide case management services. It is projected that this program would serve 335 TAY annually for 3 years. Costs would be split evenly between DCFS and Probation.
- *Jail "In-Reach" Case Management (\$1.5 million):* This program would consist of contract case managers meeting with homeless inmates as quickly as possible upon entry into the jail to assess the inmate, create a case plan, and then provide supportive services and short-term housing upon release from jail. It is estimated that this program would serve 400 inmates per year over two years.
- *Administration (\$4.0 million):* The administrative funds would be utilized to support the "Performance Counts!" performance measurement process; SSI and other benefit advocacy programs aimed at increasing the number of SSI recipients among the County's homeless population; and general administration activities. The majority of the funding would be used to competitively secure a contractor to work with County departments to make successful application for SSI or veteran benefits for homeless families and individuals. Qualifying for SSI or veteran benefits would provide a significant increase in income for these families and individuals over what they might receive from County benefit programs and therefore enable the families and individuals to live in a healthier, more stabilized, long-term housing situation. Doing so may also enable the County to recover certain costs of providing care and treatment during the

pre-qualification period, and thereby expand funding available to assist others. Funds from this subcategory will also be used to analyze the performance indicators and operational measures for all programs funded through the HHPF. Finally, this program area may be used to provide additional resources to any other HHPF program that has minor additional funding needs to ensure success.

- Board Approved Programs (\$5.9 million): The funds in this category will be used for an array of programs originating from motions your Board approved on June 26, 2006, which consist of:
- Supportive services for Skid Row Families: This funds a nonprofit agency, Beyond Shelter, that will provide housing locator and service-linked case management assistance to 500 Skid Row Families (\$2.0 million);
 - Transformation of Cold/Wet Weather Beds to Year-Round Shelters (\$1.0 million);
 - Develop, in partnership with the City of Santa Monica, a Homeless/Community Court and provide monetary support for the first year (\$540,000);
 - Access to Housing for Health will provide homeless patients discharged from County hospitals with intensive case management, housing locator services, and extended stay motel vouchers to pay for temporary housing while their permanent housing application is being processed and while they are transitioned into an appropriate permanent housing setting (\$1.5 million); and
 - Providing one-time funding to alleviate operational cost deficits for Weingart Center Association's transitional housing and supportive services (\$900,000).

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions are in compliance with the County Strategic Plan, Goal 1, Service Excellence; Goal 4, Fiscal Responsibility; and Goal 5, Children and Families' Well-Being.

FISCAL IMPACT/FINANCING

The estimated total projected cost of the recommendations totals \$80 million in one-time County General Fund dollars. Of the total projected cost:

- **\$32 million** will be used to strengthen local social service infrastructure and/or help create an infrastructure in communities where one currently does not exist. Specifically, \$20.4 million will be for competitive proposals that seek to either reduce or prevent homelessness through programs sponsored by cities, community-based organizations, and/or social service providers, \$11.6 million will be reserved for Capital Development projects, including Emergency and Transitional Shelters, Permanent Affordable Housing, Safe Havens, and Operating Subsidies.
- **\$48 million** will be used to serve County clients who are homeless or at-risk of homelessness through extending existing successful programs, new programs that have the promise of success, and/or programs that have the potential of demonstrating to the State and Federal government the value of having flexible funding to respond to the needs of the homeless or at-risk homeless. Specifically, the County Program funds will be distributed among the following categories:
 - **\$20.8 million** will be used for Capital Development, including \$20 million for a Revolving Loan Fund for predevelopment costs to provide vital low-cost financing to developers of special needs and affordable housing, and \$800,000 for the development and implementation of comprehensive community outreach and collaboration strategies to preempt and address anticipated adverse community reaction to proposed new construction projects.
 - **\$17.3 million** will be used for Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention to assist homeless and at-risk homeless persons by providing housing assistance to clients discharged from County institutions or systems of care. These include County jails, hospitals, and County dependency and delinquency programs, and homeless families on Skid Row or homeless families/individuals seeking to exit the emergency/transitional shelter system.
 - **\$4.0 million** will be used for administrative funds to support the "*Performance Counts!*" performance measurement process; SSI and other benefit advocacy programs aimed at increasing the number of homeless individuals who qualify for SSI or Veterans benefits; and unanticipated administration activities.
 - **\$5.9 million** will be used for programs approved by your Board on June 26, 2006 which include housing and supportive services for Skid Row Families, transforming Cold/Wet Weather Beds to Year-Round Shelters, Homeless/Community Court, Access to Housing for Health, and one-time funding for the Weingart Center Association.

There is no expected increase in net County cost. The Appropriation Adjustment of \$74.1 million is fully funded by one-time County funds approved by your Board on April 4, 2006.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The most recent Countywide homeless count indicates that approximately 88,000 family members and individuals are homeless in Los Angeles County on any given night. Based on the findings of the community stakeholder meetings, it is evident that an increase in the availability of permanent, affordable housing (for individuals and families), supportive services, and subsidies for rent, moving assistance, and eviction prevention, geographically dispersed throughout the County, are imperative to reducing the number of homeless in the County. In addition to these primary needs, stakeholders also consistently identified the following essential and useful funding priorities:

- Funding Program gap;
- Creating of Safe Havens;
- Funding to improve and better coordinate hospital discharge;
- Improving multidisciplinary outreach teams and an increase in funding for community providers to conduct outreach;
- Assisting with infrastructure building;
- Improving cross-training/ coordination between County departments and community providers;
- Increasing mental health and alcohol/substance abuse services;
- Increasing funding for community providers to increase services;
- Increasing funding for faith-based organizations to serve the homeless;
- Housing locator assistance and help identifying sites for purchase and/or lease;
- Assisting with leveraging Federal and State funds with local dollars;
- Increasing shelter beds;
- Creating one-stop service locations for health and human services programs; and,

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

SACHIA HAHN
Executive Officer
Honorable Board of Supervisors
September 26, 2006
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➤ Funding to transform Cold/Wet Weather Beds to Year-Round shelter.

The HHPF funding allocation will strategically target these needs through the City/Community and County Programs as follows:

- Communities will develop integrated and multidisciplinary programs to address the needs of their homeless individuals and families to attain housing stability and self-sufficiency through appropriate supportive services including mental health, drug and alcohol, health, and employment services by participating in the City/Community Programs competitive process.
- Capital Development project expenditures will result in the development of more affordable housing, as well as the provision for Safe Havens where acutely mentally-ill homeless adults can receive needed services.
- Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention will, individually, as well as jointly, support the stabilization of housing, reduce the occurrence of homelessness, and effectively increase emergency/transitional shelter capacity by enabling some families/individuals to exit shelters more quickly;
- Administration expenditures will enhance coordination of advocacy efforts related to SSI and other benefit programs; and implement a performance evaluation system – *Performance Counts!* – for all of the programs funded by the HHPF.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The approval of the recommended allocations of the HHPF will allow County departments and city/community and social services partners to administer programs that will move homeless families and individuals off the streets and out of shelters, and will provide cost savings for the County in future years. These savings will be realized because homeless clients will be connected to transitional/permanent housing, which will minimize the health and safety threats associated with being homeless. In addition, homeless individuals and families will be connected with case management-linked supportive services to address health, mental health, and alcohol/drug dependencies, as well as education and job training to support the transition into more stable housing arrangements. As a result of housing and supportive services, these clients will have reduced need for hospital emergency room visits and incarceration, and may acquire needed job skills, which will create reduced service costs for the County. Some proposed HHPF programs, such as the Revolving Loan Fund for affordable housing predevelopment costs and the SSI/Veterans

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

SACHA A. HAMAN
Executive Officer
Honorable Board of Supervisors
September 26, 2006
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Benefits qualifications assistance programs, have the potential to return funding to the County to assist still more clients. As instructed by your Board, the CAO, in concert with all participating departments and agencies, will track performance outcomes using the County's *Performance Counts!* system of metrics.

CONCLUSION

The County's homeless crisis is geographically dispersed and an unusually complex phenomenon. In order to reduce the number of individuals and families sleeping on the streets, a regional and multidimensional approach to increasing housing and supportive services must be created. This involves supporting programs that have proven effective, as well as experimenting with new, unfunded approaches that hold promise for success. Your Board has provided historic leadership in addressing this issue. Your Board's approval of the recommended HHPF allocations will reinforce and strengthen the County's commitment to this effort and will result in augmented and enhanced services for housing and supportive services for the County's homeless and at-risk homeless families and individuals. Your action will expedite the achievement of the goal to reduce homelessness so that more County residents can realize the benefits of living in safe and stable housing with appropriate supportive services in a dignified manner.

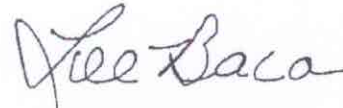
EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

SACHIA HAMAL
Executive Officer
Honorable Board of Supervisors
September 26, 2006
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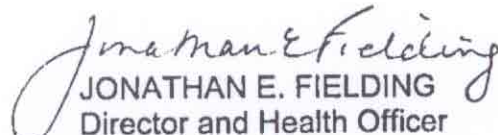


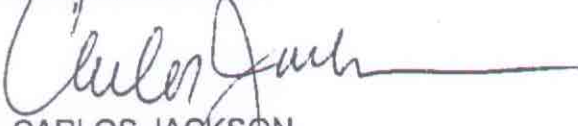
Respectfully submitted,


DAVID E. JANSSEN
Chief Administrative Officer

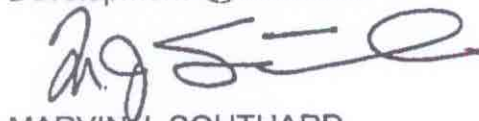

LEROY D. BACA
Sheriff


BRUCE A. CHERNOF
Director and Chief Medical Officer
of Health Services


JONATHAN E. FIELDING
Director and Health Officer
of Public Health


CARLOS JACKSON
Executive Director of Community
Development Commission


JOAN SMITH
Acting Director of Children and
Family Services


MARVIN J. SOUTHARD
Director of Mental Health


ROBERT B. TAYLOR
Chief Probation Officer


BRYCE YOKOMIZO
Director of Public Social Services

DEJ:LDB:BAC:JEF
CJ:JS:MJS:RBT:BY

Attachments (5)

c: Auditor-Controller
County Counsel

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

SACHI A. HAMAI
Executive Officer



ATTACHMENT I

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

SACHI A. HAMAI
Executive Officer

COUNTY HOMELESS AND HOUSING PROGRAM FUND

Homeless and Housing Program Fund Spending Plan



DOLLAR ALLOCATION AND IMPLEMENTATION				
	Funding	Percent of \$80-Million	Timeframe	Comments
CITY/COMMUNITY PROGRAMS				
1. CAPITAL DEVELOPMENT	\$11,600,000	14.5%	2nd Half of FY 2006-07	Process for distribution of funds to be determined.
A. Housing Units				
B. Safe Havens				
C. Operating Subsidies				
2. LOCALLY DEFINED PROGRAMS TO REDUCE AND/OR PREVENT HOMELESSNESS (other than Capital)	\$20,400,000	25.5%	2nd Half of FY 2006-07	Process for distribution of funds to be determined.
CITY/COMMUNITY PROGRAMS SUBTOTAL	\$32,000,000	40%		

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

SACHI A. HAMAI
Executive Officer

COUNTY HOMELESS AND HOUSING PROGRAM FUND

Homeless and Housing Program Fund Spending Plan



DOLLAR ALLOCATION AND IMPLEMENTATION				
	Funding	Percent of \$80 Million	Implementation Timeframe	Comments
COUNTY PROGRAMS				
1. CAPITAL DEVELOPMENT	\$20,800,000	26.00%		
A. Revolving Loan Fund	\$20,000,000	25.00%	2nd Half of FY 2006-07	Requires development of loan guidelines and RFP process. CDC Lead Agency
B. Community Outreach and Collaboration Strategies	\$ 800,000	1.00%	2nd Half of FY 2006-07	To be administered through CDC
2. DISCHARGE PROGRAMS/RENTAL SUBSIDIES/MOVING ASSISTANCE/EVICTION PREVENTION	\$17,300,000	21.60%		
A. Moving Assistance for CalWORKs Non-Welfare-to-Work Homeless Families and Non-CalWORKs Families in Emergency/Transitional Shelter or Similar Temporary Group Living	\$1,300,000	1.62%	ASAP for CalWORKs Non-Welfare-to-Work Homeless Families; 3rd Quarter of FY 2006-07 for Non-CalWORKs Families	To be administered through DPSS
B. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living	\$4,500,000	5.63%	2nd Quarter of FY 2006-07 for CalWORKs Homeless Families; 3rd Quarter of FY 2006-07 for Non-CalWORKs Homeless Families	To be administered through DCFS/DPSS/CAO
C. Eviction Prevention for CalWORKs Non-Welfare-to-Work Homeless Families	\$500,000	.62%	In progress	To be administered through DPSS
D. Housing Assistance for Skid Row Families (served under County Program 4.A)	\$3,700,000	4.625%		To be administered through DCFS
E. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living	\$1,100,000	1.37%	3rd quarter of FY 2006-07	To be administered through DPSS

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

SACHI A. HAMAI
Executive Officer

COUNTY HOMELESS AND HOUSING PROGRAM FUND Homeless and Housing Program Fund Spending Plan



DOLLAR ALLOCATION AND IMPLEMENTATION				
	Funding	Percent of \$80 Million	Implementation Timeframe	Comments
F. Discharge of Hospital Patients (Recuperative Care)	\$1,200,000 (two year pilot)	1.50%	ASAP	To be administered through DHS
G. Moving Assistance/Rental Subsidies for Transition Age Youth (TAY) Exiting Dependency and Probation Systems	\$3,500,000	4.38%	ASAP	To be administered through DCFS and Probation
H. Jail "In-Reach" Case Management	\$1,500,000	1.86%	ASAP	To be administered through Sheriff
3. ADMINISTRATION	\$3,960,000	4.95%		
A. Evaluation – "Performance Counts!"			2nd Half of FY 2006-07	Requires development of evaluation approach and criteria; to be administered through CAO
B. SSI and Other Benefits Advocacy Program			2nd Half of FY 2006-07	Requires further consultation with experts and departments in order to develop procedures; to be administered through CAO
C. Program Administration			All year	
4. BOARD APPROVED PROGRAMS	\$5,940,000	7.425%		
A. Skid Row Families	\$2,000,000	2.50%	ASAP	To be administered through a nonprofit contractor
B. Transform Cold/Wet Weather Beds to Year-Round Shelter	\$1,000,000	1.25%	ASAP	To be administered through a nonprofit contractor
C. Santa Monica Homeless/Community Court	\$ 540,000	0.675%	ASAP	To be administered through City of Santa Monica and Superior Court
D. Access to Housing for Health	\$1,500,000	1.875%	ASAP	To be administered through DHS, CDC and nonprofit contractor
E. Weingart Center Operations	\$ 900,000	1.125%	ASAP	To be administered through a nonprofit contractor
COUNTY PROGRAMS SUBTOTAL	\$48,000,000	60%		

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COUNTY OF LOS ANGELES

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Executive Officer



ATTACHMENT II

EXECUTIVE OFFICE OF THE BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

SACHI A. HAMAI
Executive Officer

SPENDING PRINCIPLES



- Provide high leveraging opportunity.
- Help build service system capacity or fill service gaps in existing service systems.
- Demonstrates collaborative networks and capacity building.
- Support previously untried projects or programs that hold particular promise for success in addressing homelessness.
- Support approaches than can be replicated elsewhere in the County.
- Result in a net cost savings to the County.
- Decrease the number of homeless individuals and/or families in a given area.
- Will not replace existing funding.
- Demonstrates the value of modifying or waiving administrative requirements tied to existing funding sources.
- Includes a plan for replacement funding.
- Demonstrates community support.

ATTACHMENT III

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE QUARTERLY STATUS REPORT

Stabilization Centers

The CAO and the County Team have met with various cities, councils of government, and housing/homeless advocates to determine opportunities and constraints to siting the five stabilization centers. The CAO and the Sheriff's Department are also meeting with the VERA Institute of Justice to discuss best practices used by the City of New York for similar type facilities and programs. The CAO will be convening an implementation planning work group in the near future with membership consisting of County departments and community stakeholders. However, a specific time-line for implementation cannot be estimated until the work group is convened and locations for the Centers are identified.

Homeless Family Access Center (HFAC)

The CAO is conducting implementation planning meetings with the County departments that will be housed at the HFAC (Departments of Children Services [DCFS], Health Services [DHS], Public Social Services [DPSS], Public Health [DPH], and Mental Health [DMH]) and the Board approved contractor to serve Skid Row families, Beyond Shelter. The discussions have centered around location (near but outside Skid Row), space needs, logistics, hours of operation, and services to be provided by the County departments, including the outreach teams that engage homeless families in Skid Row, and Beyond Shelter. A specific timeline for implementation cannot be provided at this time.

Homeless Court Program

The CAO is meeting with representatives from the Superior Court, County Public Defender, and the Los Angeles City Attorney's Office to discuss implementation of the Homeless Court Program. The Superior Court is currently working on job descriptions for two clerks that they will hire under the HPI budget and the CAO is working on a scope of work and solicitation process to contract with a private nonprofit to provide two homeless court coordinators. The CAO is working on an MOU with Superior Court as well. Although the Program is slated to be conducted at the stabilization centers, implementation of the Program could begin at a temporary site(s) before the Centers open.

Prototype Court

The HPI's only involvement with DMH's Prototype Court is an annual monetary allocation of \$200,000 to support the Court. This funding is now available based upon Board approval of the FY 2006-07 County Budget on June 26, 2006; and the CAO is working with DMH to prepare the MOU and DSO in order to transfer the funds to DMH.

Housing Locators

The DMH has obtained approval from the Department of Human Resource to hire 23 Housing Specialist, 14 to work with the adults and nine to work with transition age youth. It is projected that the recruitment and hiring process will be completed by October 2006.

Based upon a solicitation process and Board approval, DPSS is working with the Weingart Center Association for SPA 4 and Del Richardson & Associates, Inc. for all other SPAs to provide Housing Locator services for CalWORKs homeless families. The implementation target date is September 2006. Housing Locator Consultant Services for GR participants in the GR Rental Subsidy and Case Management Program will be provided by the Weingart Center Association commencing September 2006.

Housing Database

The CAO and Community Development Commission are working jointly to develop a contract and scope of work to hire SocialServe.com on a sole source basis to develop and maintain the database. The departments are also working on a Board letter to obtain approval for the contract (target date for submitting the Board letter is October 2006), a design plan for the database, development of a marketing and outreach strategy/budget to identify housing units, development of an advisory board for the projects, and the identification of departments/agencies who maybe willing to collaborate with this effort by sharing rental unit data. The target date for implementation of the database is January 2007.

General Relief (GR) Housing Subsidy and Case Management Program

On July 25, 2006, DPSS implemented the General Relief (GR) Housing Subsidy and Case Management Program to: (1) assist 900 GR homeless individuals with up to \$300 per month rental subsidy payable to the landlord, and (2) coordinate access to other necessary supportive services/benefits necessary for the individual to maintain housing and/or increase employment.

DPSS-Sheriff's Homeless Release Project

The DPSS in partnership with the Sheriff's Department implemented the Homeless Release Project Pilot. One unit of seven Eligibility Workers (EWs), one Eligibility Supervisor, and clerical support staff is taking applications from inmates at the Century Regional Detention Center effective August 15, 2006. A second unit (with the same staffing configuration) has been established at the Men's Central Jail effective August 22, 2006. The DPSS staff provides outreach to inmates prior to release from the detention facilities. Outreach includes taking applications for GR, CalWORKs, Food Stamps, and Medi-Cal, and assisting with SSI applications in an effort to prevent release into homelessness.

DPSS-DHS Homeless Release Project

The DPSS in partnership with DHS implemented the DPSS - DHS Homeless Release Project Pilot on July 25, 2006. A unit of five EWs, one Eligibility Supervisor, and clerical support staff is housed at LAC+USC Medical Center to take applications for GR, CalWORKs, and Food Stamps. Two of the EWs split their time at Olive View Medical Center, Harbor UCLA Medical Center, and Martin Luther King Jr./Drew Medical Center to take applications.

Homeless and Service Enriched Housing Initiatives Coordinator

The CAO is currently developing a job description and recruitment program to solicit potential candidates for the Coordinator position. The job announcement should be issued in September.

ATTACHMENT IV

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BOARD OF
SUPERVISORS
OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S.
No.

060

DEPARTMENT OF Chief Administrative Office

SEPTEMBER 26 2006

AUDITOR-CONTROLLER.

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF ADMINISTRATIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2006-07

4 - VOTES

SOURCES

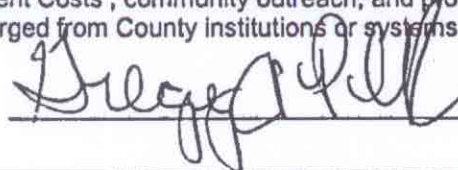
Cancellation of the Designation for Homeless Programs
A01-3075
\$74,100,000

USES

Homeless and Housing Program
Services and Supplies
A01-AO-26685-2000
74,100,000

JUSTIFICATION

To request spending authority in the Homeless and Housing Program for the implementation of the recommendations in the Los Angeles County Homeless Prevention Initiative. The recommended actions are divided into two overlapping program categories, and include: strengthening and/or creating local social services infrastructure that seeks to reduce or prevent homelessness through programs sponsored by community-based organizations and social service providers; Capital Development projects, including Emergency and Transitional Shelters, Permanent Affordable Housing, Safe Havens and Operating Subsidies; a Revolving Loan Fund for Predevelopment Costs; community outreach; and providing homeless and at-risk homeless persons housing assistance when discharged from County institutions or systems of care.



CHIEF ADMINISTRATIVE OFFICER'S REPORT

REFERRED TO THE CHIEF
ADMINISTRATIVE OFFICER FOR -

ACTION

APPROVED AS REQUESTED ✓

AS REVISED

RECOMMENDATION

14 September 2006

CHIEF ADMINISTRATIVE OFFICER

AUDITOR-CONTROLLER BY

APPROVED (AS REVISED):
BOARD OF SUPERVISORS

20

NO.

028

Sept. 14 2006

BY

DEPUTY COUNTY CLERK

SEND 8 COPIES TO THE AUDITOR-CONTROLLER

ATTACHMENT V

**COUNTY HOMELESS PREVENTION INITIATIVE (HPI)
HOMELESS AND HOUSING PROGRAM FUND (HHPF)**

CITY/COMMUNITY PROGRAMS (NO. 1.A)	
Program Title: Capital Development/Housing Units	Recommended Funding: To be determined through an RFP/NOFA process subject to overall cap of \$11.6 million.
PROGRAM DESCRIPTION	
<i>Describe program and services to be provided:</i>	
Loans for the development of new affordable housing including emergency, transitional, and permanent housing as determined by the community.	
<i>How will the cases be managed?</i>	
This question is not applicable to this program because these are not "cases" that require management. Funds will be distributed through and RFP/NOFA process.	
<i>Will the management of cases include contractor assistance?</i>	
This question is not applicable to this program because these are funds for capital development and not services with "cases."	
<i>What type of outreach will be conducted?</i>	
An RFP/NOFA will be issued similar to the \$20 million Emergency Housing Program administered by Community Development Commission.	
<i>What geographic area will the program serve?</i>	
Los Angeles County	
POPULATION SERVED	
<i>Describe characteristics of population to be served:</i>	
The program will serve households whose income ranges from homeless to 60 percent of area median income (AMI) with or without special needs. The RFP/NOFA process will determine the specific population by area.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 1.A)	
<i>How many clients will be served by the program?</i>	
Unknown at this time because the ability to leverage these funds depends on whether or not the specific populations are eligible to other affordable housing funding programs. If there is little or no leveraging the funds will produce about 15 units, with a higher level of leveraging it could produce around 50 units. The number of people served in a given year would depend on how long residents are allowed to stay. In emergency housing they might stay up 1-2 months, in transitional housing 6-24 months, in permanent housing several years.	
PARTICIPATING AGENCIES	
<i>Lead County agency:</i>	
Community Development Commission (CDC)	
<i>What part of the program will staff unit(s) administer?</i>	
CDC will prepare and oversee the RFP/NOFA, underwrite the development(s), negotiate and execute the loan documents, monitor construction if the project is not being monitored by another public or private lender, and monitor compliance with the loan documents as long as the affordability restrictions remain in-place.	
<i>List community partners (if applicable):</i>	
Loans will be made to existing affordable housing developers with a demonstrated track record of developing, owning and operating the type of housing they proposed to build with these funds.	
PROGRAM TIMELINE	
<i>What is the implementation date for the program?</i>	<i>For what time period will these services be provided with the recommended HHPF funding?</i>
The RFP/NOFA can be ready to issue by the end of the 1st Quarter of 2007.	The affordable housing typically developed under CDC has a 55-year affordability restriction.
<i>What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?</i>	
At the end of the 55-year affordability restriction, the developer can either pay off the loan or request that the loan be extended in exchange for longer term affordability restrictions.	

**COUNTY HOMELESS PREVENTION INITIATIVE (HPI)
HOMELESS AND HOUSING PROGRAM FUND (HHPF)**

CITY/COMMUNITY PROGRAMS (NO. 1.A)		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
CDC administrative costs will be a percentage of the loan amount. The permanent, affordable housing projects will be required to pay a small compliance monitoring fee out of project cash flow.	N/A	To be determined.
OUTCOME MEASURES (PERFORMANCE COUNTS)		
Program result statement:		
This program will result in more Emergency Shelters, Transitional Shelters, and the development of more permanent affordable housing.		
Indicators to measure success:		
<ul style="list-style-type: none"> Number/percent of families placed in Emergency Shelters/Transitional Shelters. Number/percent of families transitioning to affordable, permanent housing settings. 		
Operational measures (effectiveness and efficiency):		
<ul style="list-style-type: none"> Number of housing units developed (Emergency Shelters/Transitional Shelters/Permanent Housing). Number of loans processed for housing developers. Average duration to process loans. 		

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 1.B)	
Program Title: Capital Development/Safe Havens	Recommended Funding: To be determined through an RFP/NOFA process subject to overall cap of \$11.6 million.
PROGRAM DESCRIPTION	
Describe program and services to be provided:	
<p>This would provide funding for new construction or expansion of an existing facility to provide up to two new Safe Havens to serve homeless single adults with severe mental illness and substance abuse or other serious problems. Safe Havens provide a high tolerance program that includes housing without time-limits and voluntary services, and has no more than 25 beds per site. This approach is beginning to show effectiveness in reaching dually-diagnosed chronically homeless people, and other individuals with special needs who have not been successfully engaged by other programs. This allocation would also be in the form of a one-time commitment for part of a project's capital cost.</p> <p>How will the cases be managed?</p> <p>This question is not applicable to this program because these are not "cases" that require management. Funds will be distributed through an RFP/NOFA process. Loans and/or grants will be with a nonprofit agency with a proven track record in capital development of affordable housing and/or safe havens.</p> <p>Will the management of cases include contractor assistance?</p> <p>This question is not applicable to this program because these are funds for capital development and not services with "cases."</p> <p>What type of outreach will be conducted?</p> <p>Outreach for this program is two-fold, one to outreach to potential developers, two to outreach to communities where there could be sitting conflict. The RFP/NOFA to be issued for development will outreach to housing developers who have a proven track record. There will also be a community outreach piece to defuse any local neighborhood opposition.</p> <p>What geographic area will the program serve?</p> <p>Countywide.</p>	

**COUNTY HOMELESS PREVENTION INITIATIVE (HPI)
HOMELESS AND HOUSING PROGRAM FUND (HHPF)**

CITY/COMMUNITY PROGRAMS (NO. 1.B)	
POPULATION SERVED	
Describe characteristics of population to be served:	
Homeless individuals with severe and persistent mental illness, individuals who are dually diagnosed.	
How many clients will be served by the program?	
Twenty-five per Safe Haven; no more than two Safe Havens are proposed.	
PARTICIPATING AGENCIES	
Lead County agency:	
CDC and DMH	
What part of the program will staff unit(s) administer?	
CDC, in consultation with DMH, will prepare and oversee the RFP/NOFA, underwrite the development(s), negotiate and execute the loan documents, monitor construction if the project is not being monitored by another public or private lender, and monitor compliance with the loan documents as long as the affordability restrictions remain in-place.	
List community partners (if applicable):	
Loans will be made to developers with a demonstrated track record of developing facilities like Safe Havens.	
PROGRAM TIMELINE	
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?
The RFP/NOFA can be ready to issue by the end of the 1st Quarter of 2007.	HHPF funds for capital will be one-time only. Operating funds will come from the MHSA for ongoing support.
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?	
Ongoing support will come from the MHSA funds and other leveraged private and public funding.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 1.C)	
Program Title: Capital Development/Operating Subsidies	Recommended Funding: To be determined through an RFP/NOFA process subject to overall cap of \$11.6 million
PROGRAM DESCRIPTION	
Describe program and services to be provided: An operating subsidy is supplemental monthly revenue to affordable housing owners/developers that is required to maintain accessibility for very low income individuals and families whose rent payments are not sufficient to pay all operating costs. Operating subsidies are primarily used in developments whose tenants are chronically homeless individuals with multiple difficulties (e.g., mental health issues, active substance use, and possible criminal history), or transition age youth, who are in need of, intensive supportive services attached to their housing, but who cannot afford to pay much for rent.	
How will the cases be managed? The operating subsidies will be made available in conjunction with the RFP/NOFA processes so they are coordinated with new projects requiring a subsidy or for currently operating programs that are at-risk of losing their operating subsidy. They will be contracts executed with successful bidders so affordable housing developers can access the subsidies for their housing units.	
Will the management of cases include contractor assistance? This question is not applicable to this program because these are not "cases" that require management. Funds will be distributed through an RFP/NOFA process.	
What type of outreach will be conducted? Countywide outreach will take place as noted in City/Community Programs 1.A and 1.B.	
What geographic area will the program serve? Countywide.	
POPULATION SERVED	
Describe characteristics of population to be served: Extremely low-income, homeless, formerly homeless, below 30 percent Area Median Income.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 1.C)		
How many clients will be served by the program?		
Unknown at this time.		
PARTICIPATING AGENCIES		
Lead County agency:		
CDC		
What part of the program will staff unit(s) administer?		
Staff will be involved in RFP/NOFA creation as well as review and execution of contracts resulting from the RFP/NOFA.		
List community partners (if applicable):		
Nonprofit housing developers and joint venture partnerships.		
PROGRAM TIMELINE		
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?	
The RFP/NOFA can be ready to issue by the end of the 1st Quarter of 2007.	Operating subsidies would be awarded to a three year period.	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?		
The participants will be charged with securing rental subsidies from other financial resources during the three-year period. Part of the evaluation process in the selection will include the roadmap provided by the proposer for securing on-going funds.		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
CDC administrative costs will be a percentage of the total RFP/NOFA amount.	N/A	N/A

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 1.C)	
OUTCOME MEASURES (PERFORMANCE COUNTS)	
Program result statement:	
More affordable, housing options for extremely low income, as well as homeless individuals and families, will remain viable and the creation of new affordable housing units will be supported by operational subsidies.	
Indicators to measure success:	
Number/percent of subsidized permanent housing units available for people under 35 percent AML.	
Operational measures (effectiveness and efficiency):	
<ul style="list-style-type: none"> • Amount/percent of funding leveraged from non-County funds. • Number of operational subsidies distributed to housing developers. • Number of operational subsidies distributed to housing operators. 	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 2)	
<i>Program Title:</i> Locally Defined Programs to reduce and/or prevent homelessness (other than Capital)	<i>Recommended Funding:</i> \$20.4 million
PROGRAM DESCRIPTION	
<p><i>Describe program and services to be provided:</i></p> <p>Locally Defined Programs would provide an opportunity for service providers, cities, and communities to design a customized plan to reduce and/or prevent homelessness and seek funding from the HHPF to assist in implementation. Such proposals could include: delivery of supportive service (i.e., mental health, substance abuse treatment or counseling, physical health, benefit qualification assistance, employment training, domestic violence counseling), case management programs (i.e., referrals to service providers and referral follow-ups), service need assessments, programs to strengthen collaborations among service providers, and community education.</p> <p>The central concept behind this recommendation is that the needs of the homeless and at-risk populations in each area of the County are so different, and the development status of each community's continuum of care varies so significantly, that it is not possible to prescribe a particular approach to ending or preventing homelessness that will be effective in all areas of the County. This approach will enable service providers, cities, and communities the opportunity to design whatever approach best suits their particular circumstances, and seek funding from the HHPF to help implement it.</p> <p><i>How will the cases be managed?</i></p> <p>CDC would lead the preparation of an RFP/NOFA to solicit competitive proposals and utilize the Special Needs Housing Alliance as the County staff input arm.</p> <p><i>Will the management of cases include contractor assistance?</i></p> <p>Will depend on proposal submitted and awarded.</p> <p><i>What type of outreach will be conducted?</i></p> <p>Outreach will include local advertisement and marketing for the solicitation process. Various agencies would be contacted through the departmental bidder lists.</p>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 2)	
<i>What geographic area will the program serve?</i>	
Proposals will be solicited Countywide. Specific areas served will depend on proposal awards.	
POPULATION SERVED	
<i>Describe characteristics of population to be served:</i>	
The program will provide support to service providers and ultimately homeless individuals and families.	
<i>How many clients will be served by the program?</i>	
The number of service providers to participate in the program is to be determined and is dependent upon the selection of proposals.	
PARTICIPATING AGENCIES	
<i>Lead County agency:</i>	
CDC	
<i>What part of the program will staff unit(s) administer?</i>	
CDC will administer a timely proposal review and funding recommendation process. A contract monitoring process is to be determined.	
<i>List community partners (if applicable):</i>	
Health and human service agencies Countywide, as well as developers of affordable housing and homeless service facilities.	
PROGRAM TIMELINE	
<i>What is the implementation date for the program?</i>	<i>For what time period will these services be provided with the recommended HHPF funding?</i>
As funding becomes available.	To be determined.
<i>What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?</i>	
One of the spending guidelines is that proposers identify funding sources to continue the program once the HHPF funds are exhausted.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 2)			
PROGRAM BUDGET			
Salary and employee benefits:	will be a	Direct services:	Contract services:
CDC administrative costs	percentage of the Program.	To be determined	\$20.4 million less administrative costs
not yet determined.	Percentage		
OUTCOME MEASURES (PERFORMANCE COUNTS)			
<i>Program result statement:</i>			
To ultimately reduce and/or prevent homelessness, award local service providers contracts to provide homeless individuals and families with health and human services.			
<i>Indicators to measure success:</i>			
<ul style="list-style-type: none"> • Percent change in homeless individuals/families receiving services as a result of this program (baseline would be number served by service provider prior to contract). • Percent change in homeless population for specified service area. 			
<i>Operational measures effectiveness and efficiency:</i>			
<ul style="list-style-type: none"> • Number/percent of contracts with service providers that are in compliance of contract terms. • Number of contracts granted to service providers. • Number of homeless individuals/families served through contract. • Average amount allocated to service provider through contract. 			

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 1.A)	
Program Title: Capital Development/Revolving Loan fund	Recommended Funding: \$20.0 million
PROGRAM DESCRIPTION	
<p><i>Describe program and services to be provided:</i></p> <p>The loan fund would provide vital low-cost financing to developers of special needs and affordable housing for those costs typically incurred in the early stages of project formulation, and before other funding sources are available. These include, for example, funds to option, hold or acquire development sites, appraisals and other site acquisition transaction costs, preliminary design costs, environmental and other due diligence expenses and zoning permit applications. As the loan funds are repaid with interest, additional loans will be made from the fund. CDC estimates that this allocation could support development of 100 units of affordable housing during the first year of operation and 200 units every year thereafter. This number could increase if preliminary discussions between CDC and other public and philanthropic funders result in an even larger revolving loan fund that is seeded with these County funds.</p>	
<p><i>How will the cases be managed?</i></p> <p>Organizations will go through an application process conducted by the CDC, which will include a "loan committee" that will recommend specific developer projects for award of loans.</p>	
<p><i>Will the management of cases include contractor assistance?</i></p> <p>This question is not applicable to this program.</p>	
<p><i>What type of outreach will be conducted?</i></p> <p>This program will be advertised on CDC's website and will be presented at various related meetings, i.e., Southern California Association of Non-profit Housing (SCANPH), Housing California, etc.</p>	
<p><i>What geographic area will the program serve?</i></p> <p>Countywide.</p>	
POPULATION SERVED	
<p><i>Describe characteristics of population to be served:</i></p> <p>Very low-income (below 30 percent AMI) families, single adults, transition aged youth and emancipated foster youth.</p>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 1.A)			
How many clients will be served by the program?			
Unknown at this time.			
PARTICIPATING AGENCIES			
Lead County agency:			
CDC			
What part of the program will staff unit(s) administer?			
Development of guidelines, development of application, review of application and issuance of loan funds.			
List community partners (if applicable):			
None at this time.			
PROGRAM TIMELINE			
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?		
Implementation will begin upon receipt of the program funds and creation of loan guidelines.	These funds can be provided on an ongoing basis provided the loan amounts are repaid in a timely manner and interest collected is applied towards future projects.		
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?			
This is a revolving loan fund therefore, when HHPF funds are expended there will be a continual source of funding through loan repayment and interest collected on the loans.			
PROGRAM BUDGET			
Salary and employee benefits:	Direct services:	Contract services:	
CDC administrative costs will be a percentage of loan program. Ongoing administrative costs will be paid for by loan fees and/or interest charges.	N/A	N/A	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 1.A)	
OUTCOME MEASURES (PERFORMANCE COUNTS)	
Program result statement:	
Through the Revolving Loan Fund more affordable housing units will be developed for homeless and other low- and extremely low-income individuals and families.	
Indicators to measure success:	
The number/percent of affordable housing units created through the Revolving Loan Fund.	
Operational measures effectiveness and efficiency):	
<ul style="list-style-type: none"> • Number of loan applications reviewed. • Number of loan applications approved. • Average duration to approve a loan application. 	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 1.B)	
Program Title: Capital Development/Community Outreach and Collaboration Strategies	Recommended Funding: \$800,000
PROGRAM DESCRIPTION	
Describe program and services to be provided: <p>This Program would allow for the development and implementation of comprehensive community outreach and collaboration strategies to address anticipated adverse community reaction to proposed new construction projects and services through a proactive approach including the preparatory work of building relationships, collaborative alliances, judicious planning/action, and education efforts. This program is targeted to serve County departments/agencies, community service providers, housing developers, and clients receiving services and housing placements under other HPI programs, such as the stabilization centers.</p>	
How will the cases be managed? <p>To be determined.</p>	
Will the management of cases include contractor assistance? <p>To be determined.</p>	
What type of outreach will be conducted? <p>To be determined.</p>	
What geographic area will the program serve? <p>Countywide.</p>	
POPULATION SERVED	
Describe characteristics of population to be served: <p>Primary - County departments/agencies/community service providers/developers working to implement specific projects/services in communities in who anticipate or receive neighborhood opposition.</p> <p>Secondary – People served/housed by HHPF and other initiatives.</p>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 1.B)		
How many clients will be served by the program?		
To be determined.		
PARTICIPATING AGENCIES		
Lead County agency:		
CDC		
What part of the program will staff unit(s) administer?		
CDC will lead the program in collaboration with other key County departments, agencies, and community organizations.		
List community partners (if applicable):		
To be determined.		
PROGRAM TIMELINE		
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?	
As funding becomes available.	To be determined	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?		
To be determined.		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
\$750,000	\$50,000 for educational and other materials.	To be determined.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 1.B) OUTCOME MEASURES (PERFORMANCE COUNTS)

Program result statement:

Through a comprehensive community collaboration strategy, which includes educational efforts and relationship building with public agencies, community organizations and residents, more sites will be approved for the construction of new affordable housing units and other facilities providing homeless services.

Indicators to measure success:

- Number of sites approved for development of new affordable, permanent housing units.
- Number of sites approved for the development of transitional/emergency shelters.
- Number of specialized facilities serving the homeless population with special needs.

Operational measures effectiveness and efficiency):

- Number of homeless/housing educational seminars provided for County departments/agencies.
- Number of homeless/housing educational seminars provided for Community groups.
- Number of private/public agencies participating in outreach efforts.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.A)	
Program Title: Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention - Moving Assistance for CalWORKs Non-Welfare-to-Work Homeless Families and Non-CalWORKs Families in Emergency/Transitional Shelter or Similar Temporary Group Living	Recommended Funding: \$1.3 million
PROGRAM DESCRIPTION	
Describe program and services to be provided: Eligible families may receive Moving Assistance (MA) funds to secure permanent housing. MA funds may be used to pay for move-in costs, including security deposits, last month's rent, utility turn-on fees, moving costs (e.g., truck rental), and the purchase of a stove and/or refrigerator if the new housing unit does not have these appliances. The maximum amount per family is \$2,000, but the actual average cost of MA administered by DPSS has been \$700/per family. This is once-in-a-lifetime program except for instances of domestic violence; mental or physical illness; uninhabitable prior residence due to circumstances beyond the participant's control; and natural disaster.	
How will the cases be managed? For CalWORKs Non-Welfare-to-Work homeless families, case management will be provided by DPSS Homeless Case Managers (HCMS) and Eligibility Workers and it will be the same for CalWORKs Welfare-to-Work homeless families. For Non-CalWORKs homeless families, case management will be provided by emergency/transitional shelter providers.	
Will the management of cases include contractor assistance? For CalWORKs Non-Welfare-to-Work homeless families, contractor assistance will not be required. For non-CalWORKs homeless families, contractor assistance will be required, though none of the funding included in this recommendation will be used to pay contractors.	
What type of outreach will be conducted? Training will be offered to emergency/transitional shelter providers. Information regarding MA and other DPSS programs for homeless families will be posted at emergency/transitional shelters.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.A)	
What geographic area will the program serve?	
Countywide	
Describe characteristics of population to be served:	
<p>CalWORKs Non-Welfare-to-Work homeless families for whom MA is currently funded with Performance Incentives-Net County Cost (PI-NCC) which is projected to be exhausted as of June 30, 2007. DPSS will continue to fund MA for CalWORKs Welfare-to-Work families independently of the HHPF. Non-CalWORKs homeless families in emergency/transitional shelter who do not qualify for CalWORKs.</p> <p>How many clients will be served by the program?</p> <p>An estimated 1,305 CalWORKs Non-Welfare-to-Work families will be served at an average estimated cost of \$700 per family. For Non-CalWORKs families exiting emergency/transitional shelters, an estimated 450 families will be served at an average estimated cost of \$700 per family.</p>	
PARTICIPATING AGENCIES	
Lead County agency:	
DPSS	
What part of the program will staff unit(s) administer?	
DPSS will administer all aspects of this program.	
List community partners (if applicable):	
LAHSA and Emergency/Transitional Shelters	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.A)		
PROGRAM TIMELINE		
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?	
MA for CalWORKs Non-Welfare-to-Work homeless families is already in place with PI-NCC funding. HHPF funding will be used as soon as the PI-NCC funding is exhausted, which is projected to be July 1, 2007.	HHPF funding will provide services to CalWORKs Non-Welfare-to-Work homeless families for FY 2007-08.	
The target implementation date for Non-CalWORKs homeless families is the 3rd Quarter of FY 2006-07.	For Non-CalWORKs families, HHPF funding will provide MA for 12 months commencing in the 3rd Quarter of FY 2006-07.	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?		
Commencing with the second half of FY 2007-08, DPSS may receive additional CalWORKs Performance Incentives under the State's new CalWORKs Pay for Performance program. These funds could be used to sustain MA for CalWORKs Non-Welfare-to-Work homeless families.		
No alternative funding has been identified to sustain MA for Non-CalWORKs homeless families.		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
CalWORKs Non-Welfare-to-Work Homeless Families - None, since the applicable administrative costs will be absorbed by existing funding for CalWORKs families, and will, therefore, not be funded out of the HHPF.	CalWORKs Non-Welfare-to-Work Homeless Families - \$913,500 for 1,305 families at an average \$700 per family.	N/A
Non-CalWORKs Homeless Families - DPSS Administrative costs for Non-CalWORKs homeless families are estimated at \$35,000 (10 percent of the total cost for Non-CalWORKs Homeless families).	Non-CalWORKs Homeless Families - \$315,000 for direct services to 450 families at \$700 per family. Note: Detail may not add to total due to rounding.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.A)	
OUTCOME MEASURES (PERFORMANCE COUNTS)	
Program result statement:	
More CalWORKs Non-Welfare-to-Work Homeless Families and Non-CalWORKs families will move into permanent housing.	
Indicators to measure success:	
Number of homeless families who secure permanent housing through MA funds.	
Operational measures effectiveness and efficiency):	
<ul style="list-style-type: none"> • Number of applications received for MA. • Number of applications approved for MA. • Average duration to process an application. • Average amount of MA grant. 	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.B)	
<i>Program Title:</i> Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention - Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living	<i>Recommended Funding:</i> \$4.5 million
PROGRAM DESCRIPTION	
<i>Describe program and services to be provided:</i> Provides up to \$300/per month in rental subsidy per family (depending on the family size) for 12 months for non-subsidized permanent housing (\$200/per month for family of 2; \$250 for family of 3; \$300/per month for family of 4 or more). Subsidy must be for permanent housing that the family has sufficient total income to sustain when coupled with the subsidy. It is estimated that 1,475 families, based on an average rental subsidy of \$250/per month, will be assisted with the recommended funding allocation.	
<i>How will the cases be managed?</i> For CalWORKs homeless families, cases will be managed by existing DPSS Homeless Case Managers (HCMS), GAIN Services Workers and Eligibility Workers. The system to provide case management for Non-CalWORKs homeless families will be developed following approval of funding for this initiative. <i>Will the management of cases include contractor assistance?</i> For CalWORKs families, contractor assistance will not be necessary. For Non-CalWORKs families, contractor assistance may be necessary. <i>What type of outreach will be conducted?</i> Training will be offered to emergency/transitional shelters. <i>What geographic area will the program serve?</i> Countywide	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.B)	
POPULATION SERVED	
Describe characteristics of population to be served:	
CalWORKs and Non-CalWORKs homeless families exiting emergency/transitional shelter.	
How many clients will be served by the program?	
An estimated 1,475 families, based on an average rental subsidy of \$250/per month.	
PARTICIPATING AGENCIES	
Lead County agency:	
DPSS	
What part of the program will staff unit(s) administer?	
DPSS will administer all aspects of this program, but may not provide direct case management for Non-CalWORKs families receiving the rental subsidy.	
List community partners (if applicable):	
LAHSA and Emergency/Transitional Shelters.	
PROGRAM TIMELINE	
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?
Implementation for CalWORKs families is targeted for the 2nd Quarter of FY 2006-07.	Each participating family will receive a subsidy for up to 12 months, and all 1,475 families projected to be served will begin receiving the subsidy within 12 months of program implementation. Therefore, the recommended funding will be fully utilized by the end of the 3rd Quarter of FY 2008-09.
For Non-CalWORKs families, the target implementation date is the 3rd Quarter of FY 2006-07.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.B)

What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?

In 2006, several provisions of AB 2961 enhancing CalWORKs homeless assistance were enacted as part of the State Budget, though the rental subsidy provision was not. DPSS intends to pursue a similar State legislative proposal in 2007. Commencing the 2nd Half of FY 2007-08, DPSS may receive additional CalWORKs Performance Incentives as part of the State's new CalWORKs Pay for Performance program. These funds could be used for rental subsidies for previously-homeless CalWORKs families. No alternative funding has been identified to sustain rental subsidies for Non-CalWORKs homeless families.

PROGRAM BUDGET

Salary and employee benefits:	Direct services:	Contract services:
CalWORKs Families - None, since current CalWORKs funding for DPSS staff will be used Non-CalWORKs Families - \$76,400 (10 percent of total costs – division of costs between DPSS staff and potential contractor costs to be determined)	CalWORKs Families - \$3,660,000 (1,220 families X \$250/per month X 12 months) Non-CalWORKs Families - \$764,000 (255 families X \$250/per month X 12 months) Note: Detail may not add to total due to rounding.	CalWORKs Families - None Non-CalWORKs Families - \$76,400 (10 percent of total costs – division of costs between DPSS staff and potential contractor costs to be determined)

OUTCOME MEASURES (PERFORMANCE COUNTS)

Program result statement:

More CalWORKs and Non-CalWORKs homeless families will secure and retain permanent housing through rental subsidies.

Indicators to measure success:

- Number/percent of families receiving the rental subsidy and maintaining permanent housing for 12 consecutive months from the date of placement.
- Number/percent of families receiving the rental subsidy and maintaining permanent housing for 18 consecutive months from the date of placement.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.B)
<p><i>Operational measures effectiveness and efficiency):</i></p> <ul style="list-style-type: none"> • Number of families who apply for the rental subsidy. • Number/percent of families receiving the rental subsidy. • Average duration to process an application. • Average amount of rental subsidy grant.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.C)	
Program Title: Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention - Eviction Prevention for CalWORKs Non-Welfare-to-Work Families	Recommended Funding: \$500,000
PROGRAM DESCRIPTION	
Describe program and services to be provided: Eviction Prevention will provide funds to pay rent and/or utilities for up to two months in arrears to assist the family in maintaining permanent housing. Families must have a 3-day notice to pay rent or quit, due to non-payment of rent as a result of a financial hardship (not for any other lease/contract violation). Families must provide proof of the financial hardship. Maximum benefit is \$2000/per family; the actual average cost under the current Los Angeles County Emergency Assistance to Prevent Eviction program is \$514/per family. This is a once-in-a-lifetime benefit with limited exceptions.	
How will the cases be managed? Case management will be provided by existing DPSS Eligibility Workers and Homeless Case Managers.	
Will the management of cases include contractor assistance? Case management will not require contractor assistance.	
What type of outreach will be conducted? DPSS will provide information regarding Eviction Prevention and other CalWORKs homeless services to families receiving CalWORKs. Training will be offered to service providers, CBOs/FBOs, and other partnering agencies regarding Eviction Prevention and other CalWORKs homeless services.	
What geographic area will the program serve? Countywide	
POPULATION SERVED	
Describe characteristics of population to be served: CalWORKs Non-Welfare-to-Work families who face unforeseen financial circumstances that put them at risk of eviction due to non-payment of rent.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.C)	
How many clients will be served by the program?	
A total of 2,079 families will be served by this program.	
PARTICIPATING AGENCIES	
Lead County agency:	
DPSS	
What part of the program will staff unit(s) administer?	
DPSS will administer the entire program.	
List community partners (if applicable):	
No community partners will be involved in the administration of this program, though various community partners may refer CalWORKs families to DPSS for Eviction Prevention assistance.	
PROGRAM TIMELINE	
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?
This program is already available to all CalWORKs families in Los Angeles County, but the funding stream, Performance Incentives – Net County Cost (PI-NCC), is projected to be exhausted as of June 30, 2007. Therefore, the projected date to commence utilization of the HHPF funding is July 1, 2007.	FY 2007-08
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?	
In August 2006, CalWORKs Homeless Assistance was expanded to include Eviction Prevention, with the enactment of AB 1808, which included several provisions from AB 2961 (Nunez), co-sponsored by Los Angeles County. However, this State-funded Eviction Prevention is narrower than the County's current Emergency Assistance to Prevent Eviction program for CalWORKs families, so some funding is needed from the HHPF to sustain the current level of benefits. In particular, the State program does not include payment for delinquent utility bills, which is the most common need addressed by the current program. Based on experience with the new State-funded Eviction Prevention program, it may be possible to pursue legislation to expand the State program.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.C)		
PROGRAM BUDGET		
<i>Salary and employee benefits:</i>	<i>Direct services:</i>	<i>Contract services:</i>
None - DPSS administrative costs will be absorbed by existing CalWORKs funding.	Direct services will be provided to an estimated total of 2, 079 families. RENT - For non-payment of rent/arrearages, \$70,000 is budgeted to prevent eviction for 93 families, at an average of \$757 per issuance. This figure is low, because the State's new Eviction Prevention program will cover rent arrearages for most CalWORKs families facing eviction. UTILITIES - For utility arrearages, \$430,000 is budgeted for 1,986 families at an average of \$217 per issuance. Note: Detail may not add to total due to rounding.	None
OUTCOME MEASURES (PERFORMANCE COUNTS)		
<i>Program result statement:</i>		
More CalWORKs Non-Welfare-to-Work Homeless families will avoid eviction and homelessness by retaining permanent housing.		
<i>Indicators to measure success:</i>		
<ul style="list-style-type: none"> • Number that retain permanent housing for 12 months through eviction prevention assistance. • Number that retain permanent housing for 18 months through eviction prevention assistance. 		

**COUNTY HOMELESS PREVENTION INITIATIVE (HPI)
HOMELESS AND HOUSING PROGRAM FUND (HHPF)**

COUNTY PROGRAMS (NO. 2.C)

Operational measures effectiveness and efficiency):

- Number of families who apply for Eviction Prevention assistance.
- Number/percent of families receiving eviction prevention assistance.
- Average duration to process an application.
- Average amount of eviction prevention assistance grant.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.D)	
Program Title: Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention - Housing Assistance for Skid Row Families (served under County Program 4.A)	Recommended Funding: \$3.7 million
PROGRAM DESCRIPTION	
Describe program and services to be provided:	
Emergency and permanent housing will be provided to 500 homeless families on Skid Row. Emergency housing will be facilitated by emergency/transitional shelters, extended stay hotels, master-leased apartments, and/or hotel vouchers. Permanent housing will be supported through existing subsidized housing, Section 8 housing, subsidized fair market rents, and/or subsidized moving costs.	
How will the cases be managed?	
Beyond Shelter, DPSS, and DCFS case managers will provide case management to the families.	
Will the management of cases include contractor assistance?	
Yes, management of cases will be provided with contractor assistance.	
What type of outreach will be conducted?	
The Skid Row Outreach Team (SROT), the Weingart Homeless Access Center, and collaborating agencies on Skid Row will identify homeless families and refer them for housing assistance services.	
What geographic area will the program serve?	
This caseload is composed of homeless families located in Skid Row.	
POPULATION SERVED	
Describe characteristics of population to be served:	
Homeless families include all families with children under 18 years of age (including one adult and one child). Families may or may not be temporarily living in a shelter.	
How many clients will be served by the program?	
Five hundred homeless families from Skid Row area in a 12 month period.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.D)		
PARTICIPATING AGENCIES		
Lead County agency:		
Department of Children and Family Services (DCFS)		
What part of the program will staff unit(s) administer?		
DCFS will work with families to ensure child welfare and safety. Families with high intensity service needs (which includes active substance abuse, domestic violence, or moderate to severe health and mental health needs) will be referred immediately to Beyond Shelter's Children's Services Specialist for intervention and referrals to appropriate County or community-based resources for specialized services.		
List community partners (if applicable):		
Skid Row Outreach Network.		
PROGRAM TIMELINE		
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?	
As funding becomes available.	12 months	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?		
Program will end if additional funding is not identified.		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
N/A	N/A	\$3.7 million
OUTCOME MEASURES (PERFORMANCE COUNTS)		
Program result statement:		
Relocate homeless families from Skid Row into short-term/emergency housing outside the Skid Row area, and transition these families into permanent housing.		

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.D)

Indicators to measure success:

- Number/percent of families relocated from Skid Row area within 24 hours.
- Number/percent of families placed into short-term housing within two weeks.
- Number/percent of families placed into permanent housing each quarter.

Operational measures effectiveness and efficiency):

- Number of families relocated from the Skid Row area.
- Number of families placed into designated hotels, emergency shelters and/or transitional housing (short-term housing).

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.E)	
<i>Program Title:</i> Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention - Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living	<i>Recommended Funding:</i> \$1.1 million
PROGRAM DESCRIPTION	
<i>Describe program and services to be provided:</i>	
<p>MA will provide single homeless adults in emergency/transitional shelter or similar temporary group housing once-in-a-lifetime funds to move into verified permanent housing which the individual's income would be sufficient to sustain on an ongoing basis. These funds will cover the last month's rent, security deposits, utility turn-on fees, and moving expenses (e.g., truck rental) up to a total of \$800. Additionally, the program will provide up to \$405 for a stove and/or refrigerator if not available in the new housing. Based on experience with a comparable program for CalWORKs homeless families, the average cost is estimated to be \$500/per individual.</p> <p><i>How will the cases be managed?</i></p> <p>Since this is a one-time benefit, ongoing case management is not included. However, the emergency/transitional shelter or provider of similar temporary group housing will assist the individual to access and utilize MA.</p> <p><i>Will the management of cases include contractor assistance?</i></p> <p>Yes, the emergency/transitional shelter or provider of similar temporary group housing will assist the individual to access and utilize MA; however, none of the recommended HHPF funding will be used to pay contractors.</p> <p><i>What type of outreach will be conducted?</i></p> <p>Training will be provided to emergency/transitional shelters and operators of other similar temporary group housing.</p> <p><i>What geographic area will the program serve?</i></p> <p>Countywide</p>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.E)	
POPULATION SERVED	
Describe characteristics of population to be served:	
Single adults in emergency/transitional shelter or similar temporary group housing who will be able to move into permanent housing with one-time MA. These single adults will include individuals receiving GR and/or food stamps, as well as individuals receiving SSI/SSP who previously received GR and/or food stamps.	
How many clients will be served by the program?	
It is projected that 2,000 single adults would be served by this program, based on an estimated average cost of \$500/per individual.	
PARTICIPATING AGENCIES	
Lead County agency:	
DPSS	
What part of the program will staff unit(s) administer?	
DPSS will administer all aspects of the program.	
List community partners (if applicable)	
LAHSA, Emergency/Transitional Shelters, and providers of other similar temporary group living.	
PROGRAM TIMELINE	
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?
Implementation target date is 3rd Quarter of FY 2006-07.	It is anticipated that the recommended HHPF funding would provide MA benefits through the 2nd Quarter of FY 2007-08.
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?	
No specific potential funding other than NCC has been identified to continue these services upon exhaustion of HHPF funding, though it is possible that positive outcomes could support an effort to secure ongoing State or Federal funding.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.E)		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
\$100,000 (DPSS staff costs to administer this benefit)	\$1 million (2,000 individuals X \$500/per individual)	None
OUTCOME MEASURES (PERFORMANCE COUNTS)		
Program result statement:		
More homeless single adults will move into permanent housing and exit emergency/transitional housing or other similar temporary group housing.		
Indicators to measure success:		
Number/percent of homeless single adults securing permanent housing through MA.		
Operational measures effectiveness and efficiency):		
<ul style="list-style-type: none"> • Number of applications received for MA. • Number of applications approved for MA. • Average duration to process an application. • Average amount of MA grant. 		

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.F)	
Program Title: Discharge Programs/Rental Subsidies/Moving Assistance/Eviction Prevention – Discharge of Hospital Patients (Recuperative Care)	Funding Recommendation: \$1.2 million
PROGRAM DESCRIPTION	
Describe program and services to be provided: <p>This two-year pilot project, which is being developed through a partnership between DHS and private hospitals/health systems and foundations, would create 45 new 24-hour emergency shelter beds that would provide medical oversight for homeless individuals being discharged from hospitals who no longer require acute care, but do require some medical/caregiver assistance. It is projected that the pilot project would serve approximately 540 clients per year for two years. The County portion of the funding would cover 15 of these beds and would serve approximately 180 clients per year for two years.</p>	
How will the cases be managed? <p>Medical provider will manage the medical needs of participants and emergency shelters will manage the facility, bed, and food and case management.</p>	
Will the management of cases include contractor assistance? <p>Yes.</p>	
What type of outreach will be conducted? <p>Hospital discharge planners will be oriented to this project and will be the referral source.</p>	
What geographic area will the program serve? <p>Countywide. However, three emergency shelter sites are being selected. The target areas for the shelters are SPA 6, SPA 4 (Hollywood), and SPA 2.</p>	
POPULATION SERVED	
Describe characteristics of population to be served: <p>Homeless individuals with no other discharge options, who generally have multiple health issues and require some assistance to care for their medical needs for a brief period of time.</p>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.F)		
How many clients will be served by the program?		
Approximately 540 per year.		
PARTICIPATING AGENCIES		
Lead County agency:		
DHS		
What part of the program will staff unit(s) administer?		
Administrative oversight and referrals into the project.		
List community partners (if applicable):		
Community based medical provider, emergency shelter, private foundations, private hospitals, Hospital Association of Southern CA, National Health Foundation, and home health agencies.		
PROGRAM TIMELINE		
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?	
January 1, 2006	Two year pilot project.	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?		
A collaborating partner is exploring MediCaid programs. In addition, if the pilot project is successful in reducing costs to hospitals, the hope is that the partners will continue to fund.		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
N/A	N/A	\$1.2 million

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.F)	
OUTCOME MEASURES (PERFORMANCE COUNTS)	
<i>Program result statement:</i>	
Homeless patients requiring a longer time to fully convalesce after discharge from the Department of Health Services (DHS) and other private hospitals will be transferred to a safe and appropriate environment.	
<i>Indicators to measure success:</i>	
<ul style="list-style-type: none"> • Number/percent of ER visits 6 months after being discharged from recuperative care. • Number/percent of inpatient admissions 6 months after receiving recuperative care. • Average length of stay at inpatient facilities 6 months after receiving recuperative care. 	
<i>Operational measures effectiveness and efficiency):</i>	
<ul style="list-style-type: none"> • Number of homeless patients receiving recuperative care. • Number/percent of participants who have a primary healthcare provider. • Average length of stay in recuperative care. 	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.G)		
<i>Program Title:</i>		
Discharge Programs/Rental Subsidies/Moving Assistance/ Eviction Prevention – Moving Assistance/Rental Subsidies for Transition Age Youth (TAY) Exiting the Dependency and Probation Systems	<i>Funding Recommendation:</i>	\$3.5 million
PROGRAM DESCRIPTION		
<i>Describe program and services to be provided:</i>		
This program will be designed to provide moving assistance, rental subsidies and supportive services that provide and sustain permanent housing opportunities to TAY connected with the dependency and probation systems. The program would serve probationers, who are homeless or at-risk of becoming homeless and are in need of permanent housing. Staff administering the program would provide fund distribution and case management services.		
<i>How will the cases be managed?</i>		
Staff from DCFS and Probation's Emancipation Services program and Probation's Adult Services Bureau will coordinate cases. In addition to administering funds to access and sustain housing opportunities, coordinators will provide informational counseling and monitor client progress. Two Probation Department items to be funded and DCFS will redirect ILP dollars to fund a program manager and use existing staff to monitor program services and provide program and contract technical assistance to providers.		
<i>Will the management of cases include contractor assistance?</i>		
Initially, all case management will be done internally within DCFS and Probation in order to implement the program immediately, utilize experienced staff with specialized knowledge about this population and minimize administration costs. Over the course of the first year, program effectiveness will be assessed and if it can be demonstrated that the program would benefit through contracting with an outside agency(ies), that approach will be explored.		

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.G)

What type of outreach will be conducted?

Outreach will be conducted internally within DCFS and Probation to area offices and specialized programs as well as to community based organizations serving the focus population. Pamphlets and "One-Pagers" describing the program including eligible applicants and contact information will be developed and distributed and program information can also appear on Probation's web site, the LA Kids website and www.LLPonline.org. Presentations and training about the program will occur at department meetings, CBO sponsored events, SPA Council and other community meetings. Outreach and partnering will take place with the Sheriff's Department, specifically those individuals responsible for implementing the Jail "In-Reach" Case Management HHPF program.

What geographic area will the program serve?

Countywide.

POPULATION SERVED

Describe characteristics of population to be served:

Service population is composed of young people between the ages of 18 and 25. Clients will consist of those youth who are LLP eligible (youth who are between the ages of 16 and 21 years old who reside or have resided in a foster care environment, e.g., foster home or group home, on or after their 16 birthday) and non-LLP eligible TAY. The non-LLP eligible population is composed of young people who have exited the DCFS and Juvenile Probation systems or are currently on or were on adult probation and who would not be considered LLP eligible because they have experienced the following situations: 1) 'aged out' of the LLP eligibility range; 2) non-relative guardianship care; 3) adopted prior to their 16 birthday, but no earlier than their 12 birthday; 4) probation camp or Home-on-Probation environments; and, 5) young people between 18 and 25 years old who are on or recently completed adult probation. All clients receiving services must be able to demonstrate that they will be able to support themselves within their housing environment without depending entirely on assistance from the program.

How many clients will be served by the program?

Approximately 1,000 - 335 annually, split evenly between DCFS and Probation.

PARTICIPATING AGENCIES

Lead County agency:

DCFS and Probation will both serve as lead County agencies. Funds would be distributed evenly between the departments in year one with the possibility of contracting out services for years two and three.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.G)	
What part of the program will staff unit(s) administer?	
DCFS and Probation staff from their respective Emancipation Services programs and Probation's Making it Through College (MIT) project. Financial Services from both departments will also play a role in administering funds.	
List community partners (if applicable):	
Designated community partners will link clients to supportive services and assist clients with sustaining themselves in their housing environments. Community Partners include but are not limited to: Community Colleges, Work sources, Mental Health providers, transitional housing and placement programs and faith based organizations.	
PROGRAM TIMELINE	
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?
October 1, 2006 or as soon as the funding is available.	Services will be provided for a three year period.
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?	
Currently, programs exist with the departments, particularly within Probation's adult services bureau, to continue to assist with ancillary services, such as support with higher education or job goals. DCFS and Probation will explore permanent funding commitments for staff to deliver and monitor services to TPP youth. TPP Plus providers will commit to an in-kind contribution of 2 beds per provider for TPP youth. In summary, DCFS and Probation will administer TPP the first fiscal year and DCFS will develop an RFP to contract out services to community partners in years two and three.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.G)		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
\$170,000 – 5 percent of total program dollars (\$3.3 million). Will fund the equivalent of 2 FTEs within Probation. DCFS will redirect LLP funds to the DCFS budget to fund a CSA I at \$85,000 time to monitor TPP youth. The \$85,000 is already a line item in the current LLP budget to fund a Resource Specialist. This will support Probation using the 5 percent administrative cost for staff.	\$3,130,000 – 95 percent	\$0 (funds possibly budgeted to contract services by second year of program). During the first year of services, DCFS and Probation will amend the Transitional Housing Program Plus (THPPPlus) contracts to include TPP services for youth who were not in foster care, in particular youth exiting Probation Camps and DCFS and Probation youth who have aged out of LLP eligibility.
OUTCOME MEASURES (PERFORMANCE COUNTS)		
<i>Program result statement:</i>		
Program participants will secure permanent housing and be able to maintain appropriate housing settings.		
<i>Indicators to measure success:</i>		
<ul style="list-style-type: none"> • Number/percent of program participants in a safe and affordable housing setting for at least one year after receiving services. • Number/percent of program participants maintaining employment for at least one year from the time they initially enter the program. 		
<i>Operational measures effectiveness and efficiency:</i>		
<ul style="list-style-type: none"> • Number/percent of youth served per month. • Average cost per youth. • Number/percent of program participants satisfied with program services. 		

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.H)	
Program Title: Discharge Programs/Rental Subsidies/Moving Assistance/ Eviction Prevention – Jail “In-Reach” Case Management	Funding Recommendation: \$1.5 million
PROGRAM DESCRIPTION	
Describe program & services to be provided <p>This program would consist of contract case managers meeting with homeless inmates as quickly as possible upon entry into the jail to assess the inmate, create a case plan, and then provide supportive services and short-term housing upon release from jail.</p> <p><i>How will the cases be managed?</i></p> <p>The cases will be managed by highly trained social workers and service providers to provide comprehensive services to prevent recidivism and obtain permanent housing.</p> <p><i>Will the management of cases include contractor assistance?</i></p> <p>Yes. The bulk of the work would be provided by an outside provider.</p> <p><i>What type of outreach will be conducted?</i></p> <p>A list of homeless inmates is generated daily in the jails and this population would be approached.</p> <p><i>What geographic area will the program serve?</i></p> <p>Countywide</p>	
POPULATION SERVED	
Describe characteristics of population to be served: <p>The homeless in jail are society's most needy and generally comprise the mentally ill and/or drug addicted, who are often the populations most underserved. Those served would be nonviolent offenders.</p> <p><i>How many clients will be served by the program?</i></p> <p>This remains to be determined, but a rough estimate is 400 per year over two years.</p>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.H)			
PARTICIPATING AGENCIES			
Lead County agency: Sheriff (LASD)			
What part of the program will staff unit(s) administer?			
LASD will oversee the contract with the outside organization, develop the parameters and guidelines and track outcomes. LASD will also partner with the outside organization by providing staff to assist in case management and support to navigate the jail environment. List community partners (if applicable):			
A community partner will be chosen to provide these services, but they have not yet been selected.			
PROGRAM TIMELINE			
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?		
Estimated January 1, 2007.	2 years		
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?			
LASD is working to obtain funding to continue the program.			
PROGRAM BUDGET			
Salary and employee benefits:	Direct services:	Contract services:	
Estimated at \$800,000 (includes LASD and contract)	Estimated \$260,000	\$1.24 million	
OUTCOME MEASURES (PERFORMANCE COUNTS)			
Program result statement:			
To reduce recidivism and transition homeless inmates into permanent housing.			
Indicators to measure success:			
<ul style="list-style-type: none"> • Number/percent of participants recidivating one year following receipt of services. • Number/percent of participants in permanent housing one year following receipt of services. 			

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 2.H)
Operational measures effectiveness and efficiency):
<ul style="list-style-type: none"> • Client staff ratio. • Number of case plans created. • Number receiving supportive services.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

CITY/COMMUNITY PROGRAMS (NO. 1.B)		
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
CDC administrative costs will be a percentage of the RFP/NOFA.	N/A	N/A
OUTCOME MEASURES (PERFORMANCE COUNTS)		
<p><i>Program result statement:</i></p> <p>Through the provision of Safe Havens, housing and supportive services will be provided to chronically homeless, single adults to stabilize mental health and substance abuse disorders, and other serious problems.</p> <p><i>Indicators to measure success:</i></p> <ul style="list-style-type: none"> • Number/percent of participants remaining in stable housing including permanent affordable supportive housing, transitional housing, sober living, etc. for one year. • Number/percent of participants with reduced substance use for twelve consecutive months. • Number/percent of participants with reduced psychiatric episodes over twelve consecutive months. <p><i>Operational measures (effectiveness and efficiency):</i></p> <ul style="list-style-type: none"> • Number/percent of participants served in Safe Havens. • Number/percent receiving supportive services (mental health/substance abuse). • Average cost per participant. • Percent of funding allocation directed to capital development. 		

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.A)	
Program Title: Administration/Evaluation – “Performance Counts!”	Recommended Funding: To be determined (portion of \$4.0 million)
PROGRAM DESCRIPTION	
Describe program and services to be provided:	
Administration funds will be supporting implementation of the “Performance Counts!” (PCI) performance evaluation process for all HHPF programs. PCI is the County’s systematic way of evaluating program performance using quantifiable indicators and operational measures to track program milestones and overall performance over a period of time.	
How will the cases be managed?	
To be determined.	
Will the management of cases include contractor assistance?	
To be determined.	
What type of outreach will be conducted?	
To be determined.	
What geographic area will the program serve?	
To be determined.	
POPULATION SERVED	
Describe characteristics of population to be served:	
N/A. This is an administrative function which will implement an evaluation framework.	
How many clients will be served by the program?	
Fourteen programs will be served excluding the Board approved programs.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.A)			
PARTICIPATING AGENCIES			
Lead County agency:			
CAO			
What part of the program will staff unit(s) administer?			
To be determined.			
List community partners (if applicable):			
To be determined.			
PROGRAM TIMELINE			
What is the implementation date for the program?		For what time period will these services be provided with the recommended HHPF funding?	
Will begin at program inception.		To be determined.	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?			
To be determined.			
PROGRAM BUDGET			
Salary and employee benefits:		Contract services:	
To be determined.		To be determined	
OUTCOME MEASURES (PERFORMANCE COUNTS)			
Program result statement:			
To implement the PCI evaluation framework to document and track program performance.			
Indicators to measure success:			
Number of HHPF programs with documented improvement contrasted with baseline performance.			

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.A)
<p><i>Operational measures effectiveness and efficiency):</i></p> <ul style="list-style-type: none"> • Number of HHPF programs coached on their performance measures. • Number of HHPF programs submitting their performance measures on time.

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.B)	
Program Title:	Recommended Funding:
Administration/SSI and Other Benefits Advocacy Program	To be determined (portion of \$4.0 million)
PROGRAM DESCRIPTION	
Describe program and services to be provided:	
<p>This program has not been fully developed pending completion of research on best practices in other jurisdictions and the current Countywide SSI advocacy efforts. The departments of DHS, DMH, and DPSS currently have SSI advocacy efforts that result in connecting clients to SSI, veteran and other benefits and also generate revenues to the County in the form of reimbursed Medi-Cal and other County benefit expenditures. A multi-agency workgroup, including State and Federal representatives, is scheduled to convene on September 27, 2006. The goal of the workgroup is to develop a Program plan within 30 days of that meeting.</p>	
How will the cases be managed?	
Not yet determined.	
Will the management of cases include contractor assistance?	
To be determined.	
What type of outreach will be conducted?	
To be determined.	
What geographic area will the program serve?	
To be determined.	
POPULATION SERVED	
Describe characteristics of population to be served:	
Disabled homeless and at risk homeless persons.	
How many clients will be served by the program?	
To be determined.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.B)		
PARTICIPATING AGENCIES		
<i>Lead County agency:</i>		
To be determined; will involve multiple County departments.		
<i>What part of the program will staff unit(s) administer?</i>		
To be determined.		
<i>List community partners (if applicable):</i>		
To be determined.		
PROGRAM TIMELINE		
<i>What is the implementation date for the program?</i>	<i>For what time period will these services be provided with the recommended HHPF funding?</i>	
To be determined.	Most likely 12 months.	
<i>What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?</i>		
To be determined.		
PROGRAM BUDGET		
<i>Salary and employee benefits:</i>	<i>Direct services:</i>	<i>Contract services:</i>
To be determined.	To be determined.	To be determined.
OUTCOME MEASURES (PERFORMANCE COUNTS)		
<i>Program result statement:</i>		
Clients will receive SSI and other benefits for which they are entitled.		
<i>Indicators to measure success:</i>		
<ul style="list-style-type: none"> • Dollars leveraged through SSI. • Number of SSI or other benefit applications granted. 		

**COUNTY HOMELESS PREVENTION INITIATIVE (HPI)
HOMELESS AND HOUSING PROGRAM FUND (HHPF)**

COUNTY PROGRAMS (NO. 3.B)	
<i>Operational measures effectiveness and efficiency):</i>	
<i>Number of SSI applications submitted.</i>	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.C)	
Program Title:	Recommended Funding:
Administration/Program Administration	To be determined (portion of \$4.0 million)
PROGRAM DESCRIPTION	
Describe program and services to be provided:	
<p>The administrative funding will be used as supplemental administrative funding for HHPF programs. The projected cost for each individual HHPF program contains a small percent of administrative costs projected by the lead County department where applicable. However, it is anticipated that there will be unforeseen funding gaps that will be identified during and possibly after implementation. The Program Administration dollars will be set aside as a proactive means of addressing unforeseen costs so that the progression of implementation is not jeopardized due to a lack of funding.</p>	
How will the cases be managed?	
To be determined.	
Will the management of cases include contractor assistance?	
To be determined.	
What type of outreach will be conducted?	
To be determined.	
What geographic area will the program serve?	
To be determined.	
POPULATION SERVED	
Describe characteristics of population to be served:	
Population to be served will depend on the HHPF program(s) that this funding supports.	
How many clients will be served by the program?	
Clients to be served will depend on the HHPF program(s) that this funding supports.	

COUNTY HOMELESS PREVENTION INITIATIVE (HPI) HOMELESS AND HOUSING PROGRAM FUND (HHPF)

COUNTY PROGRAMS (NO. 3.C)		
PARTICIPATING AGENCIES		
Lead County agency: CAO		
What part of the program will staff unit(s) administer?		
To be determined.		
List community partners (if applicable):		
To be determined.		
PROGRAM TIMELINE		
What is the implementation date for the program?	For what time period will these services be provided with the recommended HHPF funding?	
The administrative funding gaps will be addressed as soon as a program(s) requests and substantiates the need for funding.	To be determined.	
What strategies, if any, are currently in place to continue these services once the HHPF funding is exhausted?	To be determined.	
PROGRAM BUDGET		
Salary and employee benefits:	Direct services:	Contract services:
To be determined.	To be determined.	To be determined.
OUTCOME MEASURES (PERFORMANCE COUNTS)		
Program result statement:		
To review and substantiate requests for administrative gap funding and disburse funds where needed.		
Indicators to measure success:		
Number/percent of programs where administrative gap funding has been requested and disbursed.		

**COUNTY HOMELESS PREVENTION INITIATIVE (HPI)
HOMELESS AND HOUSING PROGRAM FUND (HHPF)**

COUNTY PROGRAMS (NO. 3.C)	
Operational measures effectiveness and efficiency):	
Number of requests for administrative gap funding.	



County of Los Angeles CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

November 20, 2007

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name of the Chief Executive Officer.

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of the 11 key programs that are included in the Los Angeles County Homeless Prevention Initiative (HPI). The Chief Executive Office (CEO) continues to facilitate implementation work groups for specific key programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Probation, Public Defender, Public Health (DPH), Public Social Services (DPSS), and the Sheriff's Department. Representatives from these County agencies and departments comprise the County HPI Team (Team).

The CEO chaired Team developed a funding plan to reprogram the unspent Fiscal Year (FY) 2006-07 ongoing HPI funds which were reallocated to the Homeless and Housing Program Fund (HHPF) as part of your Board's approval of the FY 2007-08 Budget. The unspent ongoing funds converted to one-time only funding in FY 2007-08. The focus of the reprogramming effort was to identify funding gaps and to explore new program ideas to serve homeless individuals and families that are not currently included in the HPI. A Board letter with the Team's recommendations has been submitted for your Board's consideration on November 20, 2007.

The following is a status update on the implementation of the 11 key HPI programs:

Homeless and Housing Program Fund (HHPF): One-Time Funding

The programs listed under this section are supported by the \$80 million in one-time HPI/HHPF funding.

▪ **City/Community Programs - \$32 million**

The City/Community Programs Request for Proposals (RFP) was released on July 17, 2007. The CDC, with assistance from the CEO, DHS, DMH, and DPH conducted five mandatory Proposers' Conferences, one in each Supervisorial District, between July 31 and August 2, 2007. Approximately 340 community stakeholders attended. Letters of Intent (LOI) to respond to the RFP were due by September 4, 2007; 187 LOIs were received totaling over \$252 million in requests for services, capital, and operations. Proposals were due to CDC by Monday, October 15, 2007, no later than 3:00 p.m.; 89 proposals were received. The review process for the proposals which includes independent review and appeal processes has already begun. It is projected that recommended proposals will be presented to your Board in early January 2008.

▪ **Pre-Development Revolving Loan Fund - \$20 million**

The RFP for the Pre-Development Revolving Loan Fund (RLF) was also released on July 17, 2007. A mandatory Proposers' Conference was held on July 31, 2007, and proposals were due to CDC by Monday, September 17, 2007, no later than 3:00 p.m.; no proposals were received by that time. As a result, CDC immediately issued Addendum No. 2 to the RLF RFP to extend the proposal submittal deadline to Monday, September 24, 2007, by 3:00 p.m., at which time a joint proposal was received from a collaborative group comprised of the Low Income Investment Fund, Century Housing, and Corporation for Supportive Housing. CDC staff is working with County Counsel to prepare documentation to be presented to the CDC Board of Commissioners requesting authorization for CDC to enter into an agreement to negotiate exclusively with this collaborative group. It is projected that a recommendation will be submitted to your Board in early 2008.

▪ **DPSS Administered Programs**

- ***Moving Assistance for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living - (\$1.3 million)*** is a successful program that DPSS has administered for over two years using CalWORKs incentive funds. Funding for this Program was exhausted in June 2007 and the Program is now sustained with HHPF dollars. A total of 296 CalWORKs Non-Welfare-to-Work families received Moving Assistance

funds for the period of July 1 to September 30, 2007. Moving Assistance for the Non-CalWORKs families was implemented March 1, 2007. No applications were received during the period between March 1, 2007 to August 31, 2007.

- ***Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living - (\$4.5 million)*** was implemented December 1, 2006, and March 1, 2007, respectively. CalWORKs program staff conducted outreach to more than 100 case managers representing approximately 70 emergency shelter agencies to provide information on the availability of the Rental Subsidy Program. Outreach efforts to promote this Program are ongoing. There were 30 applications for the CalWORKs Rental Subsidy for the period of February to September 2007, and one application for the non-CalWORKs Rental Subsidy within the same time period.
 - ***Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families - (\$500,000)*** is a Program that DPSS has administered for over two years using CalWORKs incentive funds. These funds were exhausted in June 2007 and the Program is now sustained with HHPF dollars. A total of 514 CalWORKs Non-Welfare-to-Work families received Emergency Assistance to Prevent Eviction funds during the period of July 1, 2007 to September 30, 2007.
 - ***Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living - (\$1.1 million)*** began operation Countywide in March 2007. This Program is administered out of the six DPSS General Relief (GR) offices where the GR rental subsidies are available. As of March 2007, six applications for the Program have been approved.
- **Homeless Recuperative Care Beds - \$1.32 million**

DHS has developed a contract for the two-year operation of 15 additional recuperative care beds for use by patients discharged from County hospitals. The additional 15 beds will be located at the Bell Shelter and will be managed by the Salvation Army. The site is located in the City of Commerce and the Program has been approved by their City Council. DHS, in partnership with the Salvation Army and the Hospital Association of Southern California (HASC), is moving forward in the planning of this effort. As reported to you in the last HPI Status Report, this Program is underfunded and additional funds to ensure the Program is funded for a full two years will be included in the HPI Reprogramming Board letter which will be considered by your Board on November 20, 2007.

▪ **Moving Assistance/Rental Subsidies for Transition Age Youth (TAY) - \$3.5 million**

The funding for this Program is equally split between DCFS and Probation. Both departments have implemented a program that provides assistance to eligible TAY.

- DCFS started assessing potential clients on April 15, 2007. To date, 25 TAY have been deemed Program eligible. Rental assistance has been approved for 13 TAY; 10 of the 13 were also eligible to receive appliances and selected furniture items (e.g., beds, dressers, and dinette sets). Rental assistance for the other 12 TAY is pending receipt of required documentation. Six applications were denied for failure to attend the interview appointments.
- Probation continues to work with other County departments and community-based organizations to administer their Transition to Permanency Project (TPP). The 57 referrals received through September came from a variety of sources including four from the Sheriff's Department. Initial challenges dealing with the entry of landlord information into the County accounting system appear to be resolved and the Department is processing requests for funds in a timely manner. The Department plans to develop, in conjunction with DCFS, a satisfaction survey to be completed by youth who are placed into permanent housing. Between May and September 2007, Program outcomes are as follows:

TPP referrals:	57
TAY placed in permanent housing	23
TAY who did not meet age criteria	1
TAY that have not pursued housing via TPP	20
TAY pending referrals	13

TPP clients placed in permanent housing:	
56% are employed	13
83% are receiving or were referred to supportive services	19
100% have maintained housing throughout the quarter	23
<i>*Note: These categories include some duplication as clients access multiple services</i>	

▪ **Jail In-Reach Program - \$1.5 million**

On August 29, 2007, the Sheriff's Department issued an RFP soliciting proposals from community-based organizations to provide case management to incarcerated homeless inmates, and create a case plan tailored to provide social services and short-term housing to the inmates upon release from jail. Proposals were due to the Department

no later than October 9, 2007; two proposals were received by the deadline. A review committee is currently in the process of reviewing the proposals. The Department's goal is to have a contract in place by the end of November 2007.

- **Administration Program - \$3.84 million**

The administration funds of the HHPF are under the administration of the CEO and are being used for two purposes:

- **Social Security Income (SSI) and Other Benefits Advocacy Program - \$2 million**

The CEO convened a benefits advocacy workgroup which included both public and private partners from DHS, DMH, DPSS, Sheriff, Mental Health Advocacy Services, Social Security Administration, and the Disability Determination Service agency. The workgroup determined that two separate RFP processes would be the most effective use of this one-time funding.

The first RFP would be for a consultant to assess the County's current SSI and other benefit application processes and recommend a collaborative methodology whereby County departments and community based partners can work together to increase the number of homeless individuals who secure SSI and other benefits throughout the County. The second RFP would solicit proposals to provide assistance in processing SSI and other benefit applications for County departments and community based partners to secure SSI and other benefits.

The two Statements of Work (SOW) are being finalized. The SOWs incorporate best practices learned through the SOAR (SSI/SSDI Outreach, Access and Recovery) efforts. We are targeting January 2008 for release of the two RFPs.

- **Gap Funding – \$1.84 million**

The remainder is being used to provide gap funds for programs that need increases due to unexpected changes in the Program structure and/or cost (e.g., Santa Monica Homeless Community Court).

- **Board Approved Programs**

- **Skid Row Families Demonstration Project's Beyond Shelter - \$5.7 million**

The Skid Row Families Demonstration Project (Project), a partnership with Beyond Shelter and the County's Skid Row Assessment Team (SRAT), began operation in January 2007. The target demographics for the Project are homeless families in Skid Row. The SRAT, is comprised of staff from DCFS, DMH, DPH and DPSS. The SRAT works with Beyond Shelter to move homeless families out of Skid Row within 24 hours into safe emergency housing with the ultimate goal of moving them into

permanent supportive housing. As of September 18, 2007, 294 families were referred to the Project and there has been great success in sheltering the families within 24 hours of enrollment into the Project.

Of the 294 families, 262 have been enrolled in Beyond Shelter's Housing First Project, which includes housing specialist services to assist families in obtaining permanent, affordable housing. A total of 164 applications have been submitted to the Housing Authority City of Los Angeles; 61 of these families have received Section 8 housing vouchers. To date, 16 of the 61 families have been successfully moved into permanent housing. These 16 families began the six months case management services that each family will receive after they are placed in permanent housing.

Families referred to the Project:	294
Families relocated to a hotel outside of Skid Row within 24-hours of program entrance	222
Families relocated into emergency shelters	31
Families already in emergency shelters (e.g., 120-day program)	16
Families placed in a treatment/sober living program	3
Families that refused relocation out of Skid Row	16
Families who failed to show up for intake	4
Families who showed up for intake, but failed to show up at the hotel	2

- **Transformation of Cold/Wet Weather Beds to Year-Round Shelter - \$1 million**
This one-time allocation was expended during 2006 through the Los Angeles Homeless Services Authority (LAHSA) to support the New Image Shelter.
- **Santa Monica Homeless Community Court - \$540,000**
The Santa Monica Homeless Community Court Program was implemented in February 2007 as a collaborative between the City of Santa Monica, the Superior Court, and the County. Project goals include mitigation of recidivism rates for homeless persons by securing mental health, substance abuse and health services, and housing; and, leveraging resources from law enforcement, the Courts, social services, and affordable housing. The Program has faced challenges such as a lack of rapid access to psychiatric and other mental health services and affordable housing. County staff is working with the City to resolve these issues.

As of September 1, 2007, two full-time staff were hired to staff the Court's "assertive case management team." In addition, 1,460 bed nights for substance abuse recovery, up to 1,460 bed nights for emergency shelter, transportation, and funding for medication and clinical oversight were brought on line after September 1, 2007.

Program outcomes are included in the following chart:

Total participants enrolled in the Program as follows:	55
32% were placed in emergency or transitional housing	18
13% were placed in permanent housing	7
30% were placed in drug/alcohol treatment	16
7% were placed in mental health treatment	4
15% failed to appear or were discharged from the Program	8
<i>*Note: These categories include some duplication as clients access multiple services</i>	

- **Access to Housing for Health (AHH) - \$1.5 million**

Since the beginning of the Program on March 1, 2007, a total of 144 clients were screened for Program eligibility. Sixty-five clients have been accepted into the AHH Program. Through September 2007, 57 clients remain active in the Program and eight clients have exited the Program. Seventy-one potential clients were deemed ineligible for various reasons (e.g., criminal background, non-frequent users of DHS services, non-chronically ill and/or physically disabled or they needed a higher level of care such as skilled nursing facilities, board and care, or hospices). Of the active participants, seven are in Section 8 or County Public Housing, and the remaining clients are in temporary housing pending permanent housing placement.

- **Weingart Center Operations - \$900,000**

One-time funding was provided to the Weingart Center to help bridge a funding gap in FY 2006-07.

Ongoing HPI Funding

The following programs are supported by "ongoing" annual HPI funding. All programs will continue to be administered as long as funding remains available.

Stabilization Centers (Community Homeless Services/Centers) - \$7.125 million

On April 4, 2006, your Board approved the concept of creating five Stabilization Centers (Community Homeless Services/Centers) (Centers), one strategically located in each

Supervisory District. Your Board directed staff to obtain majority consent from the local governing body and support from the respective community in which a proposed Center was to be sited. County staff has met with various city officials, Councils of Government (COG), community-based providers, and homeless and housing advocates to discuss the siting of these Centers and development concepts. Based on the information gathered, we have learned that the concept of the Centers as proposed needs to be amended to provide more flexibility to communities in designing homeless programs that meet the needs of their respective homeless population and community. As a result, the HPI Reprogramming Board letter which will be considered by your Board on November 20, 2007, requests that your Board replace the term "Stabilization Center" with the term "Community Homeless Services/Centers." We believe that this change will better reflect the intention to enable communities to identify what is needed and what works best for their region in responding to the needs of their homeless populations and local circumstances.

Your Board has approved three specific programs for this funding category: (1) the use of \$1.2 million annually for the development and implementation of a homeless program by the Gateway Cities COG to augment homeless services for the 27 member cities (June 26, 2007); (2) \$500,000 annually to the City of Long Beach to target services to homeless veterans (June 26, 2007); and (3) \$500,000 one-time rather than annually to New Image Shelter in Los Angeles to support their shelter services (September 25, 2007).

Skid Row Homeless Family Assessment Center (HFAC) - \$1.4 million

The CEO, along with staff from DCFS, DHS, DMH, DPH, and DPSS are working with the Weingart Center, JWCH Institute, Inc., and the Community Clinic Association of Los Angeles to provide space for the County SRAT at the proposed Homeless Medical Clinic located in the Leavey Building at San Pedro St., between 5th and 6th Streets. The Leavey Building is owned by the Weingart Center Association. Pending completion of the Homeless Medical Clinic, staff is working to relocate the team to the Weingart Center facility at 6th and San Pedro. The CEO is working to negotiate a lease based on preliminary cost projections for the overall Leavey Homeless Medical Center project. Other County departments listed above would also be housed at the proposed location to better enable homeless individuals and families to access an array of services in one setting. The lease and funding recommendations will be presented to your Board for approval in early 2008.

Homeless Court Program - \$379,000

The CEO is finalizing the Homeless Court enhancement program contract with the Public Defender, Superior Court, and the Los Angeles City Attorney. Your Board has received an advanced notice of our intention to hire Public Counsel as a sole source contractor. Currently, a draft of this contract is being reviewed by County Counsel. Once signed off by Counsel the contract will be presented to your Board for approval.

The enhancement of the Homeless Court Program includes the hiring of staff at the Superior Court to provide administrative support for the Program, and the purchase of a van to be managed by Public Counsel that will provide much needed transportation for Program clients. A Departmental Service Order (DSO) and Memorandum of Understanding (MOU) between the CEO and the Court have been drafted and the Court is conducting its final review. Once their review is complete, the MOU will be submitted to County Counsel for review. It is projected that the contract, DSO, and MOU will be completed in November 2007.

Prototype Court Program - \$200,000

DMH's Prototype/Co-Occurring Disorder Court was implemented on April 1, 2007 in collaboration with Superior Court. The Program continues to enroll clients working exclusively with the contractor, Special Services for Groups (SSG), to provide mental health, alcohol, and drug treatment services. SSG is a Full Service Partnership (FSP) and Proposition 36 provider. The Prototype Court Program is recognized as a local model and has been visited by the National Association of Drug Court Professionals, National Alliance for the Mentally Ill, and Public Counsel. Program outcomes through September 2007 are as follows:

Number of clients are screened for Program enrollment:	57
Clients currently enrolled in the Program	14
Number of clients pending enrollment	6
Number of clients that did not meet Program criteria	37

Housing Locators/Housing Specialists - \$3 million DPSS, \$923,000 DMH, and \$400,000 HPI

DPSS implemented a contractor provided housing locator project for CalWORKs Welfare-to-Work homeless families in September 2006. A total of 1,849 referrals have been initiated resulting in 248 placements for the period of September 2006 through September 2007. DPSS earmarked \$3 million of CalWORKs funding to support their Housing Locators.

DMH has successfully hired ten of the 14 adult housing specialists' positions, and six of the eight TAY housing specialists' positions since the Department's hiring freeze was lifted. To date, 32 TAY and 91 adults have been assisted with housing placements. The TAY Housing Specialists have also assisted with benefits applications and continue to work with families to help youth at-risk of homelessness to remain in their own home with support from DMH through the Mental Health Services Act (MHSA) FSPs. DMH has earmarked \$923,000 from their Department's general fund to support the housing specialists.

An additional \$400,000 for these services is included in the HPI and is available for County departments to use for housing locator specialists services.

Housing Database; Socialserve.com - \$202,000 HPI and \$180,000 CDC (one-time)

The accelerated rollout of the listing service is being used by the Housing Authority of the County of Los Angeles (HACoLA) Section 8 voucher holders and landlords; indications are that it is assisting the lease-up rate for HACoLA. In August, the contractor, Socialserve.com, launched the official web page for the Los Angeles County Housing Resource Center (Resource Center) at <http://housing.lacounty.gov>. This site contains the same housing listings as those on the HACoLA site with additional information and resources for affordable, special needs, and emergency housing.

The contractor, in partnership with the CDC, continues to make presentations to County departments and agencies, including DMH, DPSS, LAHSA, and the Housing Deputies. Outreach also began to expand awareness of the Resource Center web page to cities and housing authorities throughout the County. Additionally, the leadership of the Apartment Association of Greater Los Angeles received a briefing. Marketing materials and outreach are focused primarily on outreach to landlords and obtaining listings that will help all County departments' housing locators and caseworkers in placing homeless or at-risk homeless persons and families.

Outcomes from June 1st through September 30, 2007 are as follows:	
Number of landlords registered on the site	1,429
Number of units listed and available for rental	1,158
Number of housing searches conducted	495,329
Number of calls made/received to the Socialserve.com toll free call center	13,456

General Relief Housing Subsidy and Case Management Project - \$4.052 million

This Project provides funding for rental subsidies for up to 900 homeless GR participants and is offered at six pilot DPSS District Offices. Currently, there are 610 participants receiving the rental subsidy while 479 participants have been placed on a waiting list or have received a pending status. Effective March 2007, the Project was infused with up to \$500 per participant "once-in-a-lifetime" move-in assistance funds. This funding has enhanced the success of the Project by facilitating participants' access to permanent housing.

DPSS-Sheriff's Homeless Release Project - \$1.097 million

Effective August 2006, DPSS staff began processing applications received from the Sheriff Department's Community Transition Unit (CTU) for GR/Food Stamp, CalWORKs/Food Stamp, Food Stamp Only applications, and Medi-Cal referrals for homeless inmates being released from Men's Central Jail (MCJ) and Century Regional Detention Facility. Effective March 15, 2007, the Cashier Operation was implemented at the CTU at MCJ. Upon the inmate's release, the applicant's case is processed and benefits are issued on-site. The Project recently received a 2007 NACO (National Association of Counties) Achievement Award.

Referrals through August 31, 2007:	
Total referrals received from the CTU	6,691
Total referrals rejected	1,161
Total referrals accepted	5,530

Of the 5,530 total referrals accepted:	
Total referrals approved	1,831
Total referrals denied	187
Total referrals pending inmate release	1,213
Total released inmates – No Show	2,299

Issuances by type for 1,831 referrals approved:	
GR/Food Stamps	1,779
GR Only	25
Food Stamp Only	9
CalWORKs	18

DPSS-DHS Homeless Release Project - \$588,000

Since July 25, 2006, DPSS staff outstationed at LAC+USC Medical Center has processed referrals for homeless patients being discharged from DHS' four acute care hospitals (LAC+USC, Harbor/UCLA, MLK/Drew Medical Center, and Olive View).

Referrals through September 2007:	
Total referrals received	575

Of the 575 total referrals received:	
Total number of approvals	183
Applications pending	6
Total referrals rejected	384
Total referrals canceled	1
Total referrals denied	1

Issuances by Type for 183 approvals:	
GR/Food Stamps	153
GR Only	29
FS Only	1
CalWORKs	0

Conclusion

The next status report will be provided to your Board in February 2008. In addition, the CEO will continue to brief your Board's Homeless Deputies on a regular basis. If you have questions or require additional information, please contact Lari Sheehan at (213) 893-2477, or via e-mail at lsheehan@ceo.lacounty.gov, or your staff may contact Garrison Smith at (213) 974-4673, or via e-mail at gsmith@ceo.lacounty.gov.

WTF:LS:KH
GLS:MDC:hn

- c: Executive Officer, Board of Supervisors
County Counsel
Sheriff Leroy D. Baca
Cynthia D. Banks, Director of Community and Senior Services
Philip Browning, Director of Public Social Services
Dr. Bruce A. Chernof, Director and Chief Medical Officer of Health Services
John A. Clarke, Executive Officer/Clerk of Superior Court
Dr. Jonathan E. Fielding, Director and Health Officer of Public Health
Carlos Jackson, Executive Director of the Community Development Commission
Michael P. Judge, Public Defender
Patricia S. Ploehn, Director of Children and Family Services
Marv Southard, Director of Mental Health
Robert B. Taylor, Chief Probation Officer



County of Los Angeles CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

March 19, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

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Fifth District

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT EXECUTIVE SUMMARY

The Los Angeles Homeless Services Authority (LAHSA) Homeless Count determined that there are approximately 74,000 homeless people throughout Los Angeles County on any given day. Research has demonstrated that a variety of socio-economic and psychosocial factors as well as gaps in available social services has contributed to this crisis. In response to this crisis, on April 4, 2006, your Board made an unprecedented and compassionate investment toward addressing and preventing homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The attached HPI status report (Attachment A) details the budget, achievements, challenges, and lessons learned from the continued implementation of the HPI projects over the past year.

The projects and programs funded through this initiative align with the following overarching approaches to reducing and ending homelessness:

Develop public private partnerships with the cities and communities of Los Angeles County to develop and implement unique regional strategies

During the early part of 2007, your Board approved \$52 million from the HPI to be released through two Requests for Proposals (RFP). In July 2007, the Community Development Commission (CDC) released the \$32 million City Community Programs (CCP) RFP to provide funding to increase the capacity of cities and community-based organizations. The resulting contracts will serve to better assist the homeless through development of supportive housing and expanded supportive services. The CDC received over \$100 million in funding requests in response to the RFP.

The \$20 million Revolving Loan Fund (RLF) was geared towards housing developers and lenders for startup capital development projects. In response to this RFP, the Low Income Investment Fund, Century Housing Corporation, and the Corporation for Supportive Housing joined to form the Los Angeles County Housing Innovation Fund, LLC. This new entity will combine the RLF with their own funding of approximately \$36 million, for a total of \$56 million that will be available for housing developers to create much needed supportive housing.

Another element of the County's efforts provides up to \$7 million of ongoing HPI funding, divided among the five Supervisorial Districts, to assist in developing unique strategies to serve the homeless. Presently, this funding has been accessed by both the San Gabriel Valley and Gateway Cities Councils of Governments (COGs) to develop their own regional strategies for implementation. It is expected that both COGs will complete a draft regional strategy by late summer 2008.

Finally, the CEO is working closely with the City of Los Angeles to align County resources with pipeline supportive housing projects that the City plans to develop.

Pilot innovative projects that provide supportive housing and help families and individuals remain self-sustaining

The Department of Public Social Services' (DPSS), Moving Assistance program provides up to \$2,000 per family to help homeless families move into permanent housing. Since implementation in July 2007, the program has served 719 families thereby preventing homelessness and long stays in shelters or other temporary housing. The Department's Eviction Prevention program assists families to retain permanent housing and remain off the streets. Since the program's July 2007 implementation, 1,179 families have received the 12-months of assistance.

In December 2007, the County launched Project 50 to work with the most medically fragile and vulnerable chronically homeless individuals living on Skid Row and move them into permanent and supportive housing. Since implementation, 15 clients have been provided housing with supportive services from the network of providers.

Institutionalize consistent evaluation methodologies to identify and reinvest in successful HPI programs and incorporate them into the operations of County departments

The CEO in partnership with respective County departments continues to identify HPI programs that are working and require additional reinvestment or need improvement. The Department of Health Services, Access to Housing for Health (AHH) project filled 50 percent of the 115 available slots within the first year and prevented these clients from being discharged to the street. However, staff discovered that very few of the housed clients are well suited to the projects scattered site housing model. In response to this finding, an enhanced case management model is being developed to adequately address the medically complex needs of these clients.

The DPSS' Rental Subsidy project identified that the rental subsidy amount of \$300 was not sufficient to help secure affordable permanent housing. In response to these findings, your Board approved an increase in the subsidy to \$500 in January 2008. The Department is closely tracking this enhancement and expects to see an increase in utilization of this benefit.

Coordinate with County departments to ensure a seamless and integrated approach to service for the homeless population

The Skid Row Families Demonstration Project (SRFDP) is a partnership between the Department of Children and Family Services' (DCFS), Skid Row Assessment Team (SRAT) and the non-profit organization, Beyond Shelter. The SRAT is housed at two community sites in the Skid Row area and comprised of staff from the Departments of Mental Health (DMH), Public Defender (PD), and DPSS. The goal of this project is to provide homeless families with an immediate assessment and provide access to housing, legal services, and public benefits. The partnership implemented this project in January 2007 and has moved 300 homeless families out of Skid Row into safe temporary housing. As of February 2008, 74 of the 300 families have moved into permanent housing.

Through the efforts of the HPI the following outcomes are producing a positive impact on the fight to end and reduce the homeless crisis in the Los Angeles County:

Executive Summary Table of Homeless Prevention Initiative – Housing and services provided by participant category (to date)	
Number received permanent and supportive housing:	
Homeless families	921
Transition age youth	84
Individual adults other than transition age youth	142
Number received temporary housing:	
Homeless families	358
Individual adults	322
Number received income or other benefits for housing or basic life needs:*	
Homeless families (CalWORKs)	26
Individual adults other than transition age youth (includes: GR, Food Stamps)	2,519
Number received moving assistance, rental subsidies, and/or eviction prevention:*	
Homeless families	1,473
Transition age youth	133
Individual adults other than transition age youth	680
Amount of funding released to cities and communities to develop housing and enhanced supportive services.	\$52 million

*Note: HPI participant(s) may have received more than one benefit and/or service.

Based on the innovative nature of the HPI programs and projects to serve chronically homeless individuals and homeless families, challenges were to be expected and are outlined in the report. The lessons learned through the initiative make it clear that:

- The insufficient amount of affordable and subsidized housing continues to inhibit the County's efforts to move homeless residents off the streets into safe housing;
- Continued expansion of supportive services connected to housing is critical to truly create self-sustainability for the homeless;
- The County must maximize available funding sources, such as Federally Qualified Health Center (FQHC) Medi-Cal, Social Security and Medi-Cal reimbursement opportunities to reduce costs; and
- Existing barriers must be removed relative to the sharing of information across County departments regarding common clients.

In summary, the CEO will continue to develop public-private partnerships with cities and communities throughout the County to create regional solutions to reduce and end homelessness throughout Los Angeles County. To ensure the continued success of the County's investment, the CEO also holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County Departments, LAHSA, and the City of Los Angeles to provide updates on the HPI budget and programs and create a forum to discuss ongoing and newly identified homeless issues. These monthly meetings are chaired by Deputy Chief Executive Officer, Miguel Santana and his staff. Each of these efforts and your Board's continued investment will ensure that the homeless crisis throughout Los Angeles is successfully addressed.

WTF:MS
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Attachments

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of the 11-key programs included in the Los Angeles County Homeless Prevention Initiative (HPI). The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Probation, Public Defender, Public Health (DPH), Public Social Services (DPSS), the Sheriff, and private partners. Representatives from these County agencies and departments comprise the County's HPI Team (Team). The Team meets monthly to ensure consistent communication and integration of services across County departments and to facilitate successful implementation of HPI programs serving the County's homeless population.

The format for this report has been adapted to include detail on the Board-approved performance measures and indicators for the majority of the Homeless and Housing Program Fund (HHPF) supported programs. The Team implemented a standardized process to ensure that all programs utilizing HPI funding will adhere to the County's *Performance Counts!* framework and will include outcomes on permanent and supportive housing placements. However, some of the HHPF programs approved by your Board on September 26, 2006, did not include performance measures and indicators as these programs were still in the development phase. As each of these programs are developed and implemented, CEO-Service Integration Branch (SIB) staff continues to work with the contracted agencies and County departments to develop appropriate performance outcomes. The Board-approved programs for which CEO has developed performance outcomes are detailed on the following pages for your review.

This report also responds to the July 24, 2007 instruction to develop an inventory of benefits and services that are offered by the County to homeless families and individuals. The goal of this effort was to list the County-administered benefits and services in one central document so that partnering agencies/entities, such as cities, community-based organizations, school districts, housing developers, and other governmental and private organizations, interested in working with the County to prevent, reduce, and/or mitigate the effects of homelessness can maximize the effectiveness of their collaborative efforts. By the end of March 2008, the CEO will transfer the data, included in the attached chart (Attachment B) into a user friendly, Web-based, document to be posted on the CEO-SIB Website for ease of use by the above mentioned entities.

One-Time Funding - Homeless and Housing Program Fund (HHPF)

The programs listed under this section are supported by one-time only HHPF funding. All programs will continue to be administered as long as funding remains available. The HPI budget, including estimated actual information is included in Attachment C.

1. City and Community Programs CDC - \$32 Million

The City and Community Programs (CCP) Request for Proposals (RFP) was released on July 17, 2007. The anticipated agreements will provide up to \$32 million to communities and cities throughout the County. Proposals for capital development projects, including

Safe Havens and operational subsidies, as well as proposals for locally defined programs to reduce and/or end homelessness (other than capital/services only), underwent a technical review. CDC coordinated the review team, which included representatives from various County Health and Human Services Departments. The intent is to present recommended proposals to your Board in March 2008. Since no proposals have been approved as yet, there are no outcome data to report for this quarter. Eligible proposers included non-profit and for-profit organizations, public agencies, and cities within Los Angeles County. The CDC received over \$100 million in funding requests in response to the RFP.

City/Community Programs CDC RFP				
Number of proposals received:				87
Proposals by Supervisorial District:				
1st	2nd	3rd	4th	5th
26	17	13	17	14

2. Pre-Development Revolving Loan Fund - \$20 Million

The RFP for the Pre-Development Revolving Loan Fund (RLF) was also released on July 17, 2007. A collaborative group comprised of the Low Income Investment Fund, Century Housing, and the Corporation for Supportive Housing submitted the only proposal. The proposal met threshold requirements. Since the submission of the joint proposal, the collaboration established the L.A. County Housing Innovation Fund, LLC. This new entity will combine the RLF with their own funding of approximately \$36 million to make \$56 million available to housing developers to create much needed supportive housing.

The CDC staff drafted an Agreement to Negotiate Exclusively (ANE) that has been submitted to County Counsel for review. The ANE was approved by your Board on February 6, 2008. CDC will negotiate the agreement with the L.A. County Housing Innovation Fund, LLC. and will return to your Board for approval. Since no proposals have been awarded under the RLF, there are no outcome data to report for this reporting period.

Last, the CEO in partnership with the CDC and County departments is working closely with the City of Los Angeles to align County resources with pipeline supportive housing projects that the City plans to develop.

3. DPSS Administered Programs

a. Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living - \$1.3 Million

This Program provides up to \$2,000 to help pay for move-in costs, which include last month's rent, security deposits, utility turn-on fees, truck rental, and the purchase of a stove and/or refrigerator. The program is intended for CalWORKs non-Welfare-to-Work families experiencing a financial crisis, including homelessness, and for non-CalWORKs families exiting emergency shelters, transitional housing, or similar temporary group living programs and moving into non-subsidized permanent housing. The overall goal of

the program is to assist both CalWORKs families and non-CalWORKs homeless families move into permanent housing.

Accomplishments

Upon program implementation, DPSS projected an estimated 1,305 families would be served under this program for Fiscal Year (FY) 2007-08. Based on the average number of issuances thus far, the total served at the end of the fiscal year will surpass the projected estimate. As a result of this Program, which is funded under the HPI, more families have moved into permanent housing and several families have successfully avoided homelessness.

Challenges

Upon implementation, DPSS projected 450 non-CalWORKs families would be served by this Program. To date, only one non-CalWORKs family has taken advantage of the program. Based on feedback from shelter agencies, non-CalWORKs families are not utilizing the program because they are not eligible. Typically, they do not meet the CalWORKs income and property limits (which are eligibility requirements for moving assistance for non-CalWORKs families), or the families are undocumented and prefer not to impact their ability to obtain citizenship. Additionally, the number of potentially eligible families is very small, because the vast majority of homeless families receive CalWORKs.

Action Plan

No action needed. Since the funding approved for CalWORKs and non-CalWORKs families is combined, the low utilization by non-CalWORKs families will enable the approved funding to serve more CalWORKs families.

Moving Assistance CalWORKs and Non-CalWORKs Homeless Families	
Total number of families who have received MA since July 2007:	719
For the quarter ending in December 2007:	
Number of homeless families who secured permanent housing through MA funds: (1)	424
Number of applications received for MA: (2)	808
Number of applications approved for MA:	424
Average number of business days to approve:	3
Average amount of MA grant:	\$ 635

(1) 423 CalWORKs and one non CalWORKs

(2) 807 CalWORKs and one non CalWORKs

b. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living - \$4.5 Million

This Program provides a rental subsidy for up to 12 consecutive months for CalWORKs and non-CalWORKs families that are exiting emergency/transitional shelters or similar temporary group living programs. The subsidy provides clients with the opportunity to move into non-subsidized permanent housing and retain permanent housing through rental subsidies. This Program has not been operating for a full 12 months as yet; therefore, not all performance indicator data are available for this report.

Accomplishments

To date, 44 applications have been approved.

Challenges

Upon implementation, DPSS projected the subsidy would benefit 1,475 families. Since implementation, 44 families have taken advantage of the program. Based on feedback from CalWORKs families, shelter agencies, and Homeless Case Managers, the subsidy amount is not sufficient to secure affordable permanent housing. In addition, a number of families are choosing to apply for Section 8, instead of the rental subsidy.

With regards to non-CalWORKs families, only one family has taken advantage of the program. The vast majority of homeless families receive CalWORKs, so the number of potentially eligible families is very small and primarily consists of families where all household members are undocumented. As with moving assistance for non-CalWORKs families, some families are not utilizing this Program because they prefer not to impact their ability to obtain citizenship in the future.

Action Plan

To address the issue of the insufficient amount of the subsidy for CalWORKs families, DPSS (with Board approval) increased the maximum subsidy amount from \$300 to \$500, effective January 17, 2008. DPSS anticipates the increased subsidy will be sufficient for more families to obtain affordable permanent housing.

The Department cannot offer a remedy for non-CalWORKs families with undocumented status as this issue is beyond the control of the Department.

Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	
Number of families receiving a rental subsidy and maintaining permanent housing for 12 consecutive months from the date of placement: (1)	N/A
Number of families receiving a rental subsidy and maintaining permanent housing for 18 consecutive months from the date of placement: (2)	N/A
Number of families who applied for a rental subsidy during the quarter ending in December 2007:	14
Number of families receiving a rental subsidy:	13

Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	
Average number of business days to approve:	3
Average amount of rental subsidy grant:	\$242

(1) To date no families have been in housing for 12 months

(2) Ibid

c. Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families - \$500,000

The goal of this Program is to assist CalWORKs families who are at risk of eviction due to non-payment of rent stemming from a financial crisis. This Program has been operating for less than 12 months, thus performance indicator data relative to permanent housing retention are not available for this report.

Accomplishments

The Program successfully assisted a large number of families to retain permanent housing and remain off the streets. The Program continues to provide security to the vulnerable families and children. From July to December 2007, a total of 741 families were able to prevent eviction and 509 families were able to prevent utility shut-off. Overall, this Program proved to be a benefit to many CalWORKs families with minor children.

Challenges

None.

Action Plan

Does not apply.

Eviction Prevention for CalWORKs and Non-CalWORKs Homeless Families	
Number of families that retain permanent housing for 12 months through eviction prevention assistance: (1)	N/A
Number of families that retain permanent housing for 18 months through eviction prevention assistance: (2)	N/A
Number of families who applied for eviction prevention assistance: (3)	1,265
Number/percent of families receiving eviction prevention assistance: (4)	665
Average number of business days to approve:	3
Average amount of eviction prevention assistance grant:	\$602

(1) To date no families have been housed for 12 months after receiving prevention assistance

(2) Ibid

(3) For the period of October 2007 – December 2007

(4) A total of 1,179 clients have received eviction prevention assistance since July 2007

d. Moving Assistance for Single Adults in Emergency/Transitional Shelter or a Similar Temporary Group Living Program - \$1.1 Million

This Program provides assistance with move-in costs for single adults exiting emergency/transitional shelters and moving into permanent housing. The Program provides for a one-time only move-in allowance of up to \$800.

Accomplishments

To date, 17 homeless single adults have secured permanent housing.

Challenges

During the initial months of implementation, project referrals were low. Through program monitoring and discussions with shelter operators, program staff learned the single adult population residing in shelters is in desperate need of assistance with move-in costs. However, most of these clients did not fit into the narrowly-defined target populations requiring that individuals must be receiving General Relief (GR) and/or Food Stamps (FS); and those that are currently receiving Supplemental Security Income (SSI) and who previously received GR and/or FS. To be eligible for this Program, clients must have sufficient income to sustain their monthly rent. Further, DPSS learned that most shelter residents have a prior GR and/or FS linkage to DPSS, but are not receiving SSI. Many are working or receiving another source of income.

The Department concluded that it could reach a broader population if the program's target population was modified to include individuals who are exiting emergency or transitional shelters who previously received GR and/or FS within the last two years and have any source of income, not limited to SSI.

Action Plan

The Board approved the new target population in December 2007. Currently, the Department is engaged in an aggressive outreach effort designed to inform the community of the new target population eligibility criteria.

Moving Assistance for Single Adults	
Number of homeless single adults securing permanent housing: (1)	17
Number of applications received:	33
Number of applications approved: (2)	17
Average number of business days to approve:	30
Average amount of MA grant:	\$477

(1) For the October – December 2007 quarter

(2) A total of 23 applications have been approved since May 2007

4. Homeless Recuperative Care Beds - \$2.489 Million

This Program is managed by DHS and was originally approved by your Board on April 4, 2006, with additional funds approved on December 4, 2007. The program is designed to provide emergency shelter for clients discharged from the County hospital system in need of further time to recuperate. Your Board approved a two-year agreement for the operation of 15 recuperative beds at the Salvation Army's Bell Shelter in the City of Bell for use by patients discharged from County hospitals on January 29, 2008. Planning is ongoing with a start date projection of March 10, 2008.

5. Moving Assistance/Rental Subsidies for Transition Age Youth (TAY) - \$3.5 Million

This Program provides move-in assistance and rental subsidies for TAY exiting the Dependency and Probation systems. The funding for this Program is equally split between DCFS and Probation. Both Departments have implemented a three-year program that provides assistance to eligible TAY. These programs have been in operation less than 12 months, thus performance indicator data are not available yet.

a. DCFS

This project is designed to assist youth in securing permanent housing and be able to maintain appropriate housing. The DCFS program continued to grow rapidly during the quarter ending in December 2007.

Accomplishments

Since the inception of the program on April 15, 2007, 133 former foster youth have received rental assistance, and 17 of the youth received appliances and selected furniture items that included beds, dressers and dinette sets. During the quarter ending December 31, 2007, 61 new clients received rental assistance.

Challenges

The program is expanding but has experienced a few difficulties. The lack of affordable housing is the greatest obstacle. While the majority of the applicants were able to locate housing in a short time-frame, it has taken others months to locate housing. Other challenges are: (1) many of the youth have no credit or have poor credit and are often not approved for the housing; (2) move-in costs are higher than the program allowance; and (3) many landlords are unwilling to provide their tax identification and/or social security numbers to acquire a Vendor ID number, a requirement to do business with the County.

Action Plan

A program modification plan will be created that addresses the above mentioned challenges that will address the need to increase move-in funds. DCFS is now paying all of the move-in costs instead of paying the security deposit and 50 percent of the first month's rent.

Moving Assistance/Rental Subsidies for TAY – DCFS					
Number of program participants in a safe and affordable housing setting for at least one year after receiving services: (1)					N/A
Number of program participants employed for at least one year from the time they initially enter the program: (2)					N/A
Number/percent of youth served per month utilizing Rental Subsidies:					
Month	Youth Served	New Approvals		Ongoing Rental Assistance	
October	43	31	72.1%	12	27.9%
November	44	17	38.6%	27	61.4%
December	46	13	28.3%	33	71.7%
Average cost per youth:					\$1,739
Percent of program participants satisfied with program services: (3)					100%

(1) Less than one year of operation

(2) Ibid

(3) A total of 19 client satisfaction surveys were completed

b. Probation

The Probation Department's Transition to Permanency Project (TPP) is designed to assist youth in securing permanent housing and to maintain appropriate housing. Probation continues to collaborate with community agencies and other County departments to provide rental assistance and to maximize outreach. Probation staff is focusing efforts on building relationships with landlords and property owners to expand permanent housing resources.

During the quarter ending December 2007, 89 youth were initially screened and 61 youth were placed in permanent housing. An additional 37 youth were screened but opted not to participate in the program. Forty-one of the youth initially seen were pregnant or parenting. Of those pregnant and parenting youth, 29 have been placed in permanent housing. One youth left housing with a plan for alternative permanent housing and two youth left with no plan.

Accomplishments

Sixty-one youth were placed in permanent housing and eight youth have maintained housing for longer than six months.

Challenges

The TPP program tracks each individual for one year via monthly telephone contacts. Often, program staff must make multiple calls to youth regarding program participation. As is often the case when working with young people, follow through can be challenging.

In recognition of the intensive workload on behalf of TPP staff, clients are being asked to initiate monthly contact with program staff.

There was also an instance where a client received rental assistance, i.e., first month's rent and move-in costs and then failed to make subsequent rental payments and is now being evicted. To remedy this, the program screening process was revised to ensure that program staff conducts more in-depth research into backgrounds before providing rental assistance.

Action Plan

A program plan addressing these challenges is being drafted.

Moving Assistance/Rental Subsidies for TAY – Probation	
Number of program participants in a safe and affordable housing setting for at least one year after receiving services: (1)	0
Number of program participants maintaining employment for at least one year from the time they initially enter the program: (2)	0
Number of youth served per month: (3)	155
Average cost per youth:	\$2,679
Percent of program participants satisfied with program services: (4)	100%

(1) As of May 2007, 84 youth have been placed into permanent housing, eight youth have been in permanent housing for more than six months

(2) 58 youth maintained employment for at least six months, but some were employed prior to program entry

(3) Nine youth were screened per month on average. During the last quarter the monthly average increased to 30

(4) 81 youth questioned about program satisfaction: All stated experience with program was positive

6. Jail In-Reach Program - \$1.5 Million

The Sheriff's Department issued an RFP on August 29, 2007, soliciting proposals from community-based organizations to provide case management to incarcerated homeless inmates and create a case plan tailored to provide social services and short term housing to the inmates upon release from jail. The overall goal of the program is to reduce recidivism and transition homeless inmates into permanent housing. The Department has received and reviewed proposals and is in the process of reviewing the recommendations of the evaluation committee. It is projected that a contractor will be identified and the Department will submit the contract to your Board for approval in February 2008, and they expect services to commence by March 1, 2008.

7. Administration - \$3.84 Million

The Administration funds of the HHPF are under the responsibility of our office and are being used for two purposes:

a. SSI and Other Benefits Advocacy Program - \$2 Million

The CEO-SIB convened an ongoing workgroup made up of leadership from DHS, DPSS, and the Sheriff to refine a program model that will provide the necessary staff capacity within County departments and community providers expertise to successfully get clients onto SSI and other benefits to which they are entitled. The developing program model will incorporate successful techniques to enable the County to increase overall SSI approval rates resulting in substantial cost savings for the County.

b. Administrative Fund Balance - \$1.84 Million

The remainder of the Administrative Fund will serve as a resource to provide gap funds for programs requiring augmentation due to unexpected changes in program structure and/or cost changes.

Board Approved Programs

8. Skid Row Families Demonstration Project - \$5.712 Million, amended to \$7.212 Million

The Skid Row Families Demonstration Project (Project), a partnership with Beyond Shelter and the County's Skid Row Assessment Team (SRAT) began operation in January 2007. This Project represents a collaborative effort between the CEO, DCFS, DHS, DMH, DPH, and DPSS. The goal of this Project is to relocate homeless families from the Skid Row area into short-term/emergency housing outside the Skid Row area, and transition these families into permanent housing. In recognition of the difficulty these families present, your Board took action on December 11, 2007 to extend the Project for an additional year, through December 17, 2008, and increased the funding by \$1.5 million, for a total of \$7.212 million, funded by unspent HPI funds. In addition, the number of families served by the Project was reduced from 500 to 300. These actions were necessary due to unavoidable delays in preparing homeless families for participation in the program and also to allow for the time needed to obtain approval of the Section 8 applications. The program is now at full capacity and is serving 300 families. All the families enrolled in the Project have been relocated outside of the Skid Row area.

Beyond Shelter is in the process of finalizing their *Year One Report* which will be submitted to your Board soon. The report will provide a very thorough year end assessment of the Project.

Accomplishments

To date, 300 homeless families have been enrolled in the Project and were moved off of Skid Row within 24 hours of contact with program staff. As of February 2008, 74 families have been successfully placed into permanent housing.

Challenges

The families encountered on Skid Row and enrolled in the Beyond Shelter program are challenged by multiple special needs and/or family compositions. Based on these conditions, a significant number of the families were denied access to short-term housing programs including emergency shelter facilities and transitional housing programs. Further complicating the efforts is the scarcity of vacancies in the shelter care system. These

factors resulted in families remaining in motels for extended periods of time at a significantly increased cost.

Action Plan

The County team, in collaboration with the SRAT and the Housing Authority of the City of Los Angeles (HACLA), is working with Beyond Shelter to streamline processes where possible and ensure the resources that are needed to transition these very challenging families into permanent housing will be available.

Skid Row Families Demonstration Project			
Percent of families relocated from Skid Row area within 24 hours: (1)			100%
Percent of families placed into short-term housing within two weeks: (2)			100%
Number/percent of families placed into Permanent Housing (PH) each quarter:			
Quarter	Enrolled (3)	PH	Percent of Families in PH vs. Total Enrolled (4)
First	141	0	0%
Second	248	9	4%
Third	294	23	8%
Fourth	300	74	25%
Number of families relocated from the Skid Row area:			300
Number of families placed into designated hotels, emergency shelters and/or transitional housing (short-term housing):			300

(1) Six families were relocated quarter ending December 2007

(2) Ibid

(3) Cumulative total

(4) Cumulative percent

9. Transformation of Cold/Wet Weather Beds to Year-Round Shelter - \$1.1 Million

This one-time allocation was spent during 2006 through the Los Angeles Homeless Services Authority (LAHSA) to support New Image Shelter.

10. Santa Monica Homeless/Community Court - \$540,000

This one-year pilot project approved by your Board on September 26, 2006 serves homeless persons in the City of Santa Monica who will be connected to supportive services and housing. Upon successful completion of their therapeutic treatment plan, the homeless participant could potentially have his or her outstanding citations or warrants expunged by the Court.

Accomplishments

Since February 2007, approximately 82 participants have enrolled in the Santa Monica Homeless Community Court. To date, nine (10 percent) participants have moved into

permanent housing, 16 (19 percent) have engaged in residential substance abuse treatment, 16 (19 percent) have engaged in mental health treatment and 36 (44 percent) have graduated from Homeless Community Court and had their cases adjudicated.

Challenges

The fact that the Santa Monica Homeless Community Court only accepts people charged with misdemeanor offenses, presents a challenge because the Court is limited in its ability to hold cases over for an extended period of time. Moreover, there is no real potential for serving any jail time which could be used as an inducement for accepting services for some of the most resistant offenders. In addition, the City has raised the issue of the need to identify funding to sustain the program.

Action Plan

Many problem solving courts consider felony cases. If the Santa Monica Homeless Community Court continues beyond its pilot phase, an assessment of the efficacy of the program will be conducted to include certain felony offenses.

Santa Monica Homeless/Community Court	
Total number of clients that have enrolled in Program to date:	82
Total number of clients placed in permanent housing to date:	9
Total number of clients that have graduated from Program to date:	36
Total number enrolled in Community Court for the quarter:	44
Of those enrolled, type of services provided: (1)	
Number enrolled in case management:	43
Number placed in emergency shelter:	18
Number in permanent supportive housing:	3
Number in residential substance abuse treatment:	11
Number in outpatient substance abuse treatment:	4
Number in mental health treatment:	12
Number that have graduated from Santa Monica Homeless Court:	14

(1) These categories include some duplication as clients access multiple services

11. Access to Housing for Health (AHH) - \$1.5 Million

The Access to Housing for Health (AHH) Pilot Project is a collaborative effort between DHS, the Housing Authority of the County of Los Angeles (HACoLA), HACLA, Homeless Health Care Los Angeles, and Del Richardson & Associates. The goal of the pilot project is to provide permanent affordable housing linked to case management and other appropriate services for homeless individuals who are frequent users of the County hospital system. The AHH program improves participants' access to permanent housing, medical care, mental health care, alcohol/substance use treatment and other supportive services. The patients who could not be enrolled into the AHH project fell into one of the following

categories: (1) did not pass the criminal background check; (2) were not frequent users of DHS services; (3) did not have a chronic illness and/or physical disability; (4) needed a higher level of care (for example skilled nursing facility, board and care, or hospice); and (5) did not appear for assessment. Enrolled clients will continue to receive case management services until December 2008.

Accomplishments

Program staff filled close to 50 percent of the available slots within the first year. Fifteen of these participants are now permanently housed. These individuals would probably have remained homeless, if not for AHH. DHS was able to successfully collaborate with other County departments and community partners to meet clients' needs.

Challenges

Since the AHH model uses scattered site housing and independent living, staff are finding that very few of the homeless patients are well suited to this particular model. Unfortunately, the model does not address the most vulnerable patients who need intensive supportive services and project-based housing. Additionally, DHS' homeless patients are quite often medically complex. In many cases, daily contact is needed. Program staff discovered that the eligibility criteria are difficult for many of DHS' clients to meet; in addition, many potential clients have a criminal background and are not eligible for the Housing and Urban Development (HUD) Section 8 or public housing vouchers. The Housing Authorities' processes and housing locator services have taken far longer than DHS had anticipated. Consequently, the program is overspending significantly on the temporary housing line item (motels).

Action Plan

In order to best serve the AHH participants, additional funding for both the case management services and temporary housing line items is needed. Staff have worked with DPSS to assist in reducing the costs of temporary housing by accessing their move-in assistance resources as well as using their motel vendor list to try to negotiate reductions in motel pricing for AHH participants.

Access to Housing for Health (AHH)	
Total Referrals for the period of October – December 2007:	58
Number admitted to program:	12
Pending applications:	14
Number that did not meet eligibility criteria:	47
To date:	
Total number of clients enrolled in program:	58
Total number of exited clients:	16
Total active clients:	42
Total number in permanent supportive housing:	15

12. Weingart Center Operations - \$900,000

One-time funding was spent to bridge a funding gap for operations in FY 2006-07 for the Weingart Center in Skid Row.

Ongoing HPI Funding

The following programs are supported by ongoing, annual HPI funding. All programs will continue to be administered as long as funding remains available. As mentioned earlier, implemented programs with developed performance outcomes are currently being aligned with the County's *Performance Counts!* framework and will include data on permanent and supportive housing placements as data becomes available.

13. Community Homeless Services/Centers (formerly Stabilization Centers) - \$7.125 Million

On November 20, 2007, your Board approved replacing the term "Stabilization Center" with the term "Community Homeless Services/Centers". We believe this change will enable communities to identify strategies and best practices for responding to the needs of the homeless persons in their particular regions.

Your Board approved three specific programs for this funding category: (1) \$1.2 million annually to the Gateway Cities Council of Governments (CoG) for the development and implementation of a homeless services needs assessment across their 27 member cities, and \$150,000 one-time allocation to hire a consultant to lead planning efforts in the region and produce an accompanying homeless services plan (Motion June 26, 2007); (2) \$500,000 annually to the City of Long Beach to target services to homeless veterans (Motion June 26, 2007); and (3) \$500,000 for a one-time allocation to New Image Shelter in Los Angeles to support their shelter services (Motion September 25, 2007). Additionally, our office was instructed by specific Board offices to allocate the following funds for operational support: (1) \$50,000 to the Long Beach Rescue Mission (Supervisor Knabe); (2) \$125,000 to Chavez House (Supervisor Molina); and (3) \$100,000 to Beyond Shelter (Supervisor Molina).

14. Housing Locators/Housing Specialists - \$3 Million DPSS, \$923,000 DMH, and \$400,000 HPI

The DPSS implemented their housing locator project for CalWORKs Welfare-to-Work homeless families in September 2006 to assist CalWORKs families in securing permanent housing using CalWORKs funding. Since the inception of the program, a total of 2,341 referrals have been initiated resulting in 402 placements. For the period of October through December 2007, 291 referrals were initiated resulting in 84 placements.

The DMH's Countywide Housing Specialists (Housing Specialists), funded by the Mental Health Service Act (MHSA), provide housing assistance services to homeless consumers and those at risk of homelessness. During the quarter ending December 2007, DMH Housing Specialists have engaged in approximately 595 individual consumer contacts and 336 contacts with property owners and placed 473 clients into emergency, temporary, or permanent housing as follows: 379 individuals, of which 58 were adults with families, with securing emergency and temporary housing; and, 94 individuals, 21 of which were adults with families, were assisted in obtaining permanent housing. The Housing Specialists have

also assisted individuals with completing and submitting Section 8 and Shelter Plus Care applications in order to obtain an on-going rental subsidy and with completing and submitting applications for the DMH's Move-In Assistance and Eviction Prevention Programs.

The remaining balance of the ongoing Housing Locators funds for FY 2006-07 (\$400,000) was reprogrammed to fund the Recuperative Care Bed project.

15. Homeless Court Program - \$379,000

This Program will allow homeless individuals with outstanding warrants for quality of life misdemeanors, which are often associated with their homeless status, to have the warrants dismissed upon successful completion of a recovery program for mental health and/or addiction treatment. We are in final negotiations with Superior Court (Court) and Public Counsel, and will submit the CEO/Court MOU and the Public Counsel contract to County Counsel for final review in February 2008. We expect the contract to be presented to your Board for approval in March 2008.

16. Prototype Court Program - \$200,000

The DMH, in collaboration with Superior Court, District Attorney's Office, Public Defender's Office, Alternate Public Defender's Office, Sheriff's Department, Countywide Criminal Justice Coordination Committee, and DPH's Alcohol and Drug Program Administration, continues to operate the Prototype/Co-occurring Disorder Court. The program serves Prop. 36 criminal cases, in which the defendants have co-occurring illness (mental health and substance abuse). The HPI funding is a pass through.

Accomplishments

The program was implemented in April 2007, to assist homeless, dually diagnosed individuals in the criminal justice system. Program staff provides clients with comprehensive community-based mental health and substance abuse treatment. Since inception, staff placed 95 percent (18) of enrolled clients into stable housing while 5 percent (1) were placed into temporary housing.

Challenges

One of the major challenges is the narrowly defined focal population (Prop. 36 eligible defendants). So far 47 percent of all referrals have not met the program's mental health/legal criteria. For example, a large number of referrals did not have a mental illness or were deemed legally ineligible.

Action Plan

In order to improve the quality of referrals, staff is developing an educational presentation for the court system to improve the identification of people suffering with mental illness, their signs and symptoms. Additionally, staff is expanding the referral-based to include non-Prop. 36 eligible homeless dually diagnosed adult defendants.

Prototype Court Program	
Number of clients screened for Program enrollment to date:	178
Total number of clients currently enrolled in the Program:	19
Total number of new clients enrolled in the Program during quarter ending December 31, 2007:	5
Number of clients pending enrollment:	6
Number of clients not meeting Program criteria to date:	83
Number of clients rejecting/dropping out prior to enrollment:	65
Number of clients lost during follow-up process:	5

17. Los Angeles County Housing Resource Center, (formerly known as the Housing Database) - \$202,000 HPI and \$180,000 CDC

The Los Angeles County Housing Resource Center Website is a public access Website that lists affordable, special needs, and emergency housing throughout the County. The Website can be located at: www.housing.lacounty.gov. Most significantly, the Website experienced steady growth in all categories of site listings and site usage during the reporting period ending December 31, 2007. At this time, the Website is primarily being used by HACoLA and several County departments. Expansion of the site is focused on bringing more landlords into the database through marketing efforts. Discussions are ongoing with several other housing authorities including HACLA to identify ways that they can utilize the database.

Accomplishments

During this reporting period, the Website was also used as a regional disaster response resource in cooperation with HUD. This cooperative effort led to approximately 800 additional units being listed across Southern California and these resources were made available to 211 LA County, HUD, Federal Emergency Management Agency, and the Red Cross. The "housing searches" surpassed one million searches in January 2008 (the number of housing searches indicates the number of times an on-line user typed in criteria for housing rental units and was able to get listings that matched those criteria).

The contractor, Socialserve.com, received approximately \$200,000 in grant funds from Kaiser Foundation Hospitals to help develop a Recuperative Care Bed Reservation System that would be implemented through the Housing Resource Center. This Project is a collaborative effort between Kaiser Permanente, the Hospital Association of Southern California, Socialserve.com, and the National Health Foundation, with oversight provided by DHS and the CDC.

The success of the Website is also measured by the number of landlords (2,300) that have chosen to list their available units. As a result of their participation, the Website currently displays over 1,200 available units, 95 percent of which accept Section 8.

Challenges

Due to the fact that ongoing outreach and training regarding the Website continues to increase rapidly, additional funding is needed to accommodate the increased need.

Action Plan

Additional costs for outreach and maintenance of the Website may be offset by cost sharing among County departments that utilize the service and by subcontracting with various City housing authorities on a fee for service basis.

Los Angeles County Housing Resource Center	
Number of landlords registered on the site to date:	2,300
Number of new units listed and available for rental:	2,008
Total number of units available for rental as of 12/31/07:	1,206
Number of housing searches conducted:	364,894
Total number of housing searches as of 12/31/07:	860,223
Average number of calls to the Socialserve.com toll- free call center per month:	3,000

18. DPSS General Relief Housing Subsidy & Case Management Project - \$4.052 Million

This Project provides funding for rental subsidies for up to 900 homeless GR participants and is offered at six pilot DPSS District Offices. Effective March 2007, the project was infused with "once-in-a-lifetime" move-in assistance funds of up to \$500 per participant by making use of unspent HPI funding. HPI funding enhanced the success of the project by facilitating participants' access to permanent housing.

Accomplishments

A total of 680 participants have received a rental subsidy while applications for an additional 214 participants are currently pending.

Challenges

Project participation during the first year was slower than projected as services were limited to homeless GR applicants. Through program monitoring, DPSS learned that they could reach a broader population if the project was expanded to include individuals who were already receiving GR benefits. Additionally, it was learned that, for many individuals, the financial obligation associated with move-in costs is a barrier to obtaining permanent housing.

Action Plan

The DPSS enhanced the program to include move-in assistance up to \$500 to assist homeless individuals with last month's rent, security deposits, etc., and expanded the population to include those already receiving GR. As a result, the number of housing subsidy payments surged.

DPSS General Relief Housing Subsidy & Case Management Project	
Total Number receiving rental subsidy since July of 2006:	680
Number of pending applications:	214

19. DPSS-Sheriff's Homeless Release Project - \$1.097 Million

Effective August 2006, DPSS staff located at Men's Central Jail (MCJ) and the Century Regional Detention Facility began processing applications received from the Sheriff's Department's Community Transition Unit (CTU) for GR/FS, CalWORKs/FS, FS only, and Medi-Cal referrals for homeless inmates scheduled for release. Effective March 15, 2007, the Cashier Operation was implemented at the CTU at MCJ. Upon the inmate's release, the applicant's case is processed and benefits issued on-site. DPSS and the Sheriff learned that the success of any project is due to the successful collaboration of all parties involved. During the planning and development stages of this Project, it was realized that the contributions of other County departments, the State, as well as private companies were vital to the timely implementation of the project.

Accomplishments

The total number of referrals accepted since August of 2006, is 6,259. The total number of those referrals approved for assistance is 2,313. We are pleased to report that the project recently received the 2007 National Association of Counties (NACO) Achievement Award.

Challenges

One of the challenges the program faces is linking inmates who are released during non-DPSS working hours (after hours and weekends) to DPSS-administered services.

Action Plan

Staff is working to overcome the after hours obstacle via outreach efforts informing all referred inmates to apply for DPSS benefits at their local DPSS office. Additionally, staff provides inmates with a list of homeless shelters that released inmates can utilize until they are able to visit a DPSS office.

DPSS-Sheriff Homeless Release Project	
Since the inception of the Program in August 2006:	
Total referrals received from the CTU:	8,115
Total referrals rejected:	1,856
Total referrals accepted:	6,259
Of the total referrals accepted:	
Total approved:	2,313
Total denied:	205
Total pending inmate release:	1,642
Total released inmates – No Show	2,099
Type of Issuance:	
GR/Food Stamps:	2,205
GR only:	60
Food Stamps only:	22
CalWORKs:	26

20. DPSS-DHS Homeless Release Project - \$588,000

Since July 25, 2006, co-located DPSS staff outstationed at LAC+USC Medical Center have processed referrals to DPSS offices for homeless patients being discharged from DHS' three acute care Hospitals (LAC+USC, Harbor/UCLA, and Olive View).

Accomplishments

A total of 249 participants have been processed and approved for DPSS-administered benefits since June 2006.

Challenges

One of the challenges encountered is linking patients who are discharged during non-DPSS working hours (after hours and weekends) to DPSS-administered services.

Action Plan

The DPSS is working to overcome this obstacle by informing all patients that are discharged after hours or on the weekend to apply for benefits at their local DPSS office as soon as possible.

DPSS-DHS Homeless Release Project	
Since July 26, 2006, total referrals received:	719
Of the Total Referrals:	
Total number of approvals:	232
Applications pending:	11
Total referrals rejected:	474

DPSS-DHS Homeless Release Project	
Total referrals canceled:	1
Total referrals denied:	1
Issuances by type of benefit for total approvals:	
GR/FS	190
GR only	40
FS only	2
CalWORKs	0

21. Project 50 - Unspent FY 2006-07 One-time funds \$2.179 Million (reduced to \$2.077 Million reprogrammed HHPF. Total program cost estimates reduced from \$5.6 Million to \$3.6 Million)

This Project, based upon the Street to Home program developed and implemented by Common Ground in New York, will identify and house the 50 most vulnerable homeless individuals living on Skid Row. On December 7, 2007, 471 single adults were counted living on the sidewalks of the area bounded by 3rd Street, Central Avenue, 7th Street and Main Street. Beginning on December 10, 2007, and continuing for nine consecutive days, 350 of the people counted agreed to be interviewed. Based upon the answers to the survey our consultants from Common Ground identified the 50 homeless individuals most at risk of dying on the streets. During the week of January 14, 2008, a specially selected outreach team received training in outreach and engagement techniques. Outreach is ongoing at this time. The short term goal set by the outreach team is to have ten people placed in permanent supportive housing in one of the hotels owned by Skid Row Housing Trust by the end of February, 2008. We are well on our way to meeting that milestone. Draft performance measures and indicators were developed and will be vetted with the public private Executive Committee (Attachment D). An "apples to apples" comparison between the New York program and Project 50, developed through consultation with Common Ground, found Project 50 costs to be \$27,595 per person compared to New York's costs, which ranged as high as \$26,000 per person. The major difference between the two programs is the inclusion of medical services in Project 50; New York did not provide medical services to their population.

Accomplishments

The short term goal of housing ten people by the end of February was exceeded by one.

The revised Project 50 total budget is estimated at \$3.6 million rather than the \$5.6 million originally reported to your Board.

To manage implementation of this project, which got underway before complete process development could occur; the CEO instituted a management team daily conference call so that all parties could collaborate on solutions immediately as the Project Director identified a need. The managers on the call represent DMH, DHS, DPSS, LAHSA, HACLA, Skid Row Housing Trust, Common Ground, and Board offices. This conference call has proved extremely valuable in quickly addressing and removing process barriers during the implementation phase.

The Project 50 team is working to institute new, streamlined procedures for housing the chronically homeless that can be used for other programs. One very positive procedural modification came about by contacting the State Treasurer's office and obtaining written authorization to transmit income verification information from DPSS to Skid Row Housing Trust case managers via fax or email. Prior to this, the requirement was to send the verification by U.S. mail. This new procedure will be used in the future for this and other housing projects.

Challenges

To ensure the outreach team worked together in a cohesive, coordinated, supportive and enthusiastic manner, the outreach team was reconstituted in mid to late February, 2008. One of the clients is too mentally challenged to be placed into housing. One of the clients has been sent to prison and will not be available to the Project 50 team to house.

Finding all 50 clients identified for this project has proved challenging.

Action Plan

The Project Director is working with medical personnel to develop a more appropriate housing plan for the one client who is too mentally challenged to place in Skid Row Housing Trust units.

If all 50 most vulnerable, at-risk clients cannot be located, the outreach team will begin identifying others that may not have been registered in December, 2007, but may be just as vulnerable as those in the most vulnerable 50 category. The outreach team will begin the engagement process with these others, after a reasonable time period has elapsed without locating all of the original 50 most vulnerable persons.

22. Unspent HPI Funds from FY 2006-07 Ongoing funds - \$2.179 Million

Due to delays in implementation, \$2.179 million from the ongoing programs was unspent during FY 2006-07, and became available for reprogramming. This amount does not include the Community Homeless Services/Centers funding. The following is a breakdown of how these funds were allocated per your Board's approval on December 4, 2007:

- \$905,000 to sustain ten existing Recuperative Care Beds at Weingart Center for two years;
- \$384,000 to fund underestimated costs for new Recuperative Care Beds to be located at the Bell Shelter for two years; and
- \$851,310, from December 1, 2007 through June 30, 2009, to fund the DCFS staff that participate on the SRAT which provides services for the Skid Row Families Demonstration Project.

Conclusion

The County is making progress towards fulfilling your Board's intention to build a comprehensive system for preventing homelessness. As demonstrated by the efforts outlined

in this report, many homeless residents are being transitioned from the streets into safe, permanent, affordable housing.

In addition, the CEO will continue to brief your Board's Homeless Deputies on a regular basis. If you have questions or require additional information, please contact Miguel Santana at (213) 974-4530, or via e-mail at msantana@ceo.lacounty.gov; or your staff may contact Garrison Smith, CEO Homeless Coordinator at (213) 974-4673, or via e-mail at gsmith@ceo.lacounty.gov.

WTF:MS:KH:CSS
GLS:MDC:hn

Attachments (3)

c: Sheriff Leroy D. Baca
Cynthia D. Banks, Director of Community and Senior Services
Philip Browning, Director of Public Social Services
Dr. Bruce A. Chernof, Director and Chief Medical Officer of Health Services
John A. Clarke, Executive Officer/Clerk of Superior Court
Dr. Jonathan E. Fielding, Director and Health Officer of Public Health
Carlos Jackson, Executive Director of the Community Development Commission
Michael P. Judge, Public Defender
Patricia S. Ploehn, Director of Children and Family Services
Marv Southard, Director of Mental Health
Robert B. Taylor, Chief Probation Officer

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

ATTACHMENT B

Number of Programs by Service Category

1. Money/Cash Assistance	3
2. Substance Abuse	1
3. Housing, including Subsidies	11
4. Food	3
5. Health and/or Health Insurance	3
6. Multiple Services	26
Total	47 programs

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
1. Money/Cash Assistance																		
4-Month Rental Subsidy Assistance (RA)	Public Social Services (DPSS)	✓									✓					Deon Arline Program Manager (562) 908-6781 DeonArline@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	The 4-Month RA assist homeless families to secure and retain permanent housing by providing a short-term rental subsidy. Under the program, families receiving Permanent Homeless Assistance or Moving Assistance (i.e., CalWORKs families who have just found permanent housing and are participating in the Welfare-to-Work Program) may qualify for a rental subsidy of up to \$300 per family (based on family size) for four months. Eligibility to RA is a two-step determination process: Step 1 - Eligible Population: Applicant/participant must: <ul style="list-style-type: none">• Be CalWORKs eligible;• Be employed or enrolled in GAIN, if currently receiving CalWORKs, or be employed or enrolled in Post-Time Limited Services, if already exhausted the CalWORKs 60-Month Time Limit;• Be eligible to receive Permanent Homeless Assistance and/or Moving Assistance or be participating and in compliance with the Housing Locator program; and• Agree to receive RA payments.	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	<p>Step 2 - Housing Situation: If all of the above is met, the applicant/participant must have either:</p> <ul style="list-style-type: none">• Signed a rental agreement to secure non-subsidized permanent housing within the past 30 days of the request for RA; or• Found non-subsidized permanent housing and has requested permanent housing/Moving Assistance. <p>It would be beneficial for local homeless agencies to be aware of DPSS programs/services. Awareness of outside programs provided by partnering agencies would benefit DPSS programs, especially benefits/services not provided by DPSS.</p>	
12-Month Rental Subsidy for CalWORKs Families	Public Social Services (DPSS)	✓									✓					Deon Arline Program Manager (562) 908-6781 DeonArline@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	<p>The 12-Month Rental Subsidy Assistance Program for CalWORKs Families is one of several initiatives approved by the Board of Supervisors to prevent and reduce homelessness. This rental subsidy program provides assistance to homeless CalWORKs families exiting emergency shelters, transitional housing, or similar temporary group living agencies when the family has secured permanent non-subsidized housing. The program provides up to \$500 per month in rental subsidy depending on the family size. DPSS is currently in the process of increasing the subsidy amount to up to \$500 per month, depending on the family size.</p> <p>Eligibility to RA is a two-step determination process: Step 1 - Eligible Population: Applicant/participant must:</p> <ul style="list-style-type: none">• Be receiving CalWORKs.• Be exiting an emergency shelter, transitional housing, or similar temporary group living agency.• Be referred by the housing/shelter agency.	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category								Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults		
																<ul style="list-style-type: none"> Sign a Rental Subsidy Agreement. <p>Step 2 - Housing Situation:</p> <ul style="list-style-type: none"> If all of the above is met, the applicant/participant must have signed, or be in the process of signing, a rental agreement for non-subsidized permanent housing. The rent must be within 80% of the total monthly household income (TMHI), including the amount of the subsidy. <p>Determination of the rental subsidy:</p> <ul style="list-style-type: none"> \$200 per month for a family of 2. \$250 per month for a family of 3. \$300 per month for a family of 4 or more. <p>Emergency and transitional shelters can refer families to DPSS for this subsidy.</p>	
Housing Relocation Program	Public Social Services (DPSS)	✓									✓					<p>Consuelo Monreal Program Manager (562) 908-6323 ConsueloMonreal@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks</p> <p>The Housing Relocation Program (HRP) is available to CalWORKs Welfare-to-Work participants who are in need of relocating due to employment and/or childcare (participant must be employed 20 hours per week or more) or have a verifiable job offer (20 hours per week or more). Travel time from current housing to employment and/or day care must exceed one hour one way. Additionally, the rent for the prospective residence must be within 60% of the family's monthly income. The HRP pays up to \$1,500 for move-in costs and an additional \$405 for appliances (stove and/or refrigerator) if not available in the rental housing.</p> <p>There are potential opportunities for coordination between this program and emergency shelter/transitional housing by referring CalWORKs Welfare-to-Work homeless families who have a job</p>	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	offer and need to relocate in order to secure employment.	
SSI Outreach	Health Services (DHS)	✓											✓	✓		Cindy Callado, RN (323) 226-8924 ccallado@ladhs.org 1200 N. State Street LA, CA 90033	<p>Department of Health Services (DHS) has 2 RNs that serve as SSI outreach for any DHS homeless individuals. They assist individuals, service providers and/or Social Security or Disability Determination staff to get the medical documentation necessary to make a decision of SSI eligibility.</p> <p>Community based organization, family members, advocates, Social Security Administration or Disability Determination staff may contact Ms. Callado to refer an individual for access to medical documentation/records and assistance with SSI application processes.</p>	Countywide
2. Substance Abuse																		
12-Month Rental Subsidy for Non-CalWORKs Families	Public Social Services (DPSS)		✓													<p>Deon Arline Program Manager (562) 908-6781 DeonArline@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks</p>	<p>The 12-Month Rental Subsidy Program is one of several initiatives approved by the Board of Supervisors to prevent and reduce homelessness. This rental subsidy program assists homeless non-CalWORKs families exiting emergency shelters, transitional housing, or similar temporary group living agencies when the family has secured permanent non-subsidized housing. The program provides up to \$300 per month in rental subsidy depending on the family size.</p> <p>Eligibility to RA is a two-step determination process: Step 1 - Eligible Population: Applicant/participant must:</p> <ul style="list-style-type: none"> • Meet the income and property limits for CalWORKs • Agree to be photo and finger imaged. 	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category								Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location	
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults				Other Adults
																<ul style="list-style-type: none">Be exiting an emergency shelter, transitional housing, or similar temporary group living agency.Be referred by the housing/shelter agency. <p>Step 2 - Housing Situation:</p> <ul style="list-style-type: none">If all of the above is met, the applicant/participant must have signed, or be in the process of signing, a rental agreement for non-subsidized permanent housing.The rent must be within 80% of the total monthly household income (TMHI), including the amount of the subsidy. <p>Determination of the rental subsidy:</p> <ul style="list-style-type: none">\$200 per month for a family of 2.\$250 per month for a family of 3.\$300 per month for a family of 4 or more. <p>Awareness of this program among emergency shelters and transitional housing agencies would provide options for coordination of services between outside agencies and DPSS. Additionally, it would result in greater utilization of this program through referrals initiated by these agencies on behalf of homeless non-CalWORKs families.</p>		
3. Housing (Including Subsidies)																		
City of Industry	Community Development Commission (CDC)			✓							✓	✓	✓	✓	✓	Carmen Hernandez (323) 890-7258 carmen.hernandez@lacdc.org www.lacdc.org	CDC/HACOLA administers this fund which targets developers that build affordable and special needs housing within a 15 mile radius of the City of Industry. This fund was established 10 years ago as a result of legislation and has been administering the program resulting in over 4,500 units of affordable housing thus far. This fund is generally leveraged with other capital	Within a 15 mile radius of the City of Industry

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	funding opportunities through the State of CA, other local funds (e.g., City of Los Angeles), and private loans and grants. All of these pieces must be coordinated.	
Emergency Shelter and Services	Public Social Services (DPSS)			✓							✓					Lilia Erviti, HSA I (562) 908-5833 liliaerviti@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	DPSS entered into a contract with LAHSA to provide emergency shelter to homeless CalWORKs Welfare-to-Work families. LAHSA sub-contracts with seven (7) agencies who provide up to 120 days of emergency shelter to eligible CalWORKs families. Outside agencies may refer homeless families to DPSS for eligibility determination for Homeless Assistance or any DPSS Housing Programs. The evaluation includes a family's need for emergency shelter and eligibility to this program.	Countywide
General Relief: Emergency Housing Services	Public Social Services (DPSS)			✓											✓	LaShonda Diggs Program Director (562) 908-5861 lashondadiggs@dpss.lacounty.gov Donna Keating, HSA II donnaakeating@dpss.lacounty.gov http://www.ladpss.org/dpss/general_relief	Emergency Housing vendor hotels are available for applicants of General Relief (GR) who declare that they are homeless and appear to be otherwise potentially eligible to GR benefits. The GR Program also invites potential partners to participate in the Emergency Housing Program, a program that provides GR applicants the opportunity to stay in a homeless shelter or vendor hotel while their GR application is pending. Potential partners will be paid a fee for providing emergency housing services.	Countywide
General Relief: Housing Subsidy and Case Management Program	Public Social Services (DPSS)			✓									✓		✓	LaShonda Diggs Program Director (562) 908-5861 lashondadiggs@dpss.lacounty.gov Donna Keating, HSA II donnaakeating@dpss.lacounty.gov http://www.ladpss.org/dpss/general_relief	The GR Housing Subsidy and Case Management Project is designed to assist individuals who have been homeless. The objective of the Project is to test whether assisting the homeless GR population with a rent subsidy and coordinating access to other necessary supportive services reduces homelessness, increases employment, and/or increases receipt of Supplemental Security Income (SSI) benefits.	GR Housing Subsidy and Case Management Project is administered at the following DPSS District Offices: Lancaster,

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category								Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults			
																<p>Project participants are eligible for a rental subsidy up to \$300 monthly, and move-in assistance up to \$500 (once in a lifetime). Implementation of the Housing Subsidy and Case Management Project was effective July 25, 2006 in the following DPSS District Offices: Lancaster, Rancho Park, South Special, Southwest Special, Metro Special, and Civic Center.</p> <p>The GR Program also invites the opportunity to work with potential partners who are able to provide housing for GR participants. Potential partners are eligible to receive a rental payment up to \$436 monthly through the GR Housing Subsidy Program.</p>	Rancho Park, South Special, Southwest Special, Metro Special, and Civic Center Districts.
HOME	Community Development Commission (CDC)			✓						✓	✓	✓	✓	✓	Pansy Yee (323) 890-7260 pansy.yee@lacdc.org	HOME is the largest Federal block grant to State and local governments designed exclusively to create affordable housing for low-income households. Each year it allocates approximately \$2 billion among the States and hundreds of localities nationwide. HOME funds a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people. This fund is made available through a NOFA process that targets local housing developers. It is generally not used by local homeless programs only to provide services.	Unincorporated areas of the County and participating cities
Housing Locator	Public Social Services (DPSS)			✓						✓					Lilia Erviti, HSA I (562) 908-5833 liliaerviti@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	DPSS entered into a contract with Del Richardson & Associates and Weingart Center Association to provide homeless CalWORKs Welfare-to-Work families with housing locator services. Contractors provide innovative solutions to address the families' barriers to permanent housing and facilitate their placement into permanent affordable housing in residential neighborhoods. Referrals for Housing Locator services can only be	Del Richardson and Associates serves SPAs 1-3 and 5-8. Weingart Center

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	made by DPSS Homeless Case Managers. All homeless families applying for Homeless Assistance or any of the DPSS Housing Programs are referred to a Homeless Case Manager. Those families meeting program eligibility criteria are referred to a Housing Locator.	Association serves SPA 4.
L.A. County Housing Resource Center	Community Development Commission (CDC)			✓							✓	✓	✓	✓	✓	Larry Newnam (323) 838-5037 larry.newnam@lacdc.org http://housing.lacounty.gov	<p>This is a website (housing.lacounty.gov) that allows users to search for affordable and special needs housing that is affordable to low and moderate income persons and families. The site allows all landlords to list affordable rentals located in L.A. County at no cost. It is free to use and includes a toll-free number for a bi-lingual (English/Spanish) call center to assist all users. Additional housing resources, such as lists of homeless shelters, are also available on this website, which is managed by national non-profit contractor called Socialserve.com.</p> <p>The website is designed to provide housing listings to both public users and to housing locators, caseworkers and other approved users working in cities, agencies, nonprofits or other organizations involved with housing and homeless issues in Los Angeles County. There is a password controlled restricted access section of the site that provides additional information on special needs and emergency housing to approved users. Many County departments currently use this site to assist clients in locating housing. The site is also very useful to all housing authorities in helping Section 8 voucher holders locate Section 8- friendly housing. Future expansion of the site may include more specific information on County homeless shelters, with improved capacity to update information than currently in place with existing systems. The system is also highly useful to 211-LA County's homeless shelter team and call center.</p>	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
Move-In Cost for Single Adults Program	Public Social Services (DPSS)			✓											✓	LaShonda Diggs Program Director (562) 908-5861 lashondadiggs@dpss.lacounty.gov Donna Keating, HSA II donnaakeating@dpss.lacounty.gov http://www.ladpss.org/dpss/general_relief	Move-in Cost for Single Adults Project provides single homeless adults exiting emergency/transitional shelters or similar temporary group housing once-in-a lifetime funds to move into permanent housing. Funds will cover move in costs such as last month rent, security deposit, and truck rental up to \$800, plus up to \$405 for a refrigerator and/or stove. Target population: Current GR and/or FS participants; and former GR and/or FS participants within the last two years, who are can sustain the monthly rent. GR Program welcomes potential partners to refer single, indigent adults who are residing in emergency/transitional shelters to DPSS to apply for move-in assistance funds through the Adult Move-in Assistance Program.	Countywide
Section 8	Community Development Commission (CDC)			✓							✓	✓	✓	✓	✓	Maureen Fabricante maureen.fabricante@lacdc.org www.hacola.org	The Section 8 Rental Voucher Program increases affordable housing choices for very low-income households by allowing families to choose privately owned rental housing. The public housing authority (PHA) generally pays the landlord the difference between 30 percent of household income and the PHA-determined payment standard-about 80 to 100 percent of the fair market rent (FMR). There are a limited number of vouchers that are set aside for homeless individuals and families which are allocated to local homeless programs and other county departments.	Unincorporated areas of the county, and participating cities.
Shelter Plus Care	Community Development Commission (CDC)			✓							✓	✓	✓	✓	✓	Maureen Fabricante (323) 890-7137 maureen.fabricante@lacdc.org http://www.hud.gov/offices/cpd/homeless/programs/splusc/	The Shelter Plus Care Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. Shelter Plus Care (S+C) is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities,	Unincorporated areas of the county, and participating cities.

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																	(primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. Shelter Plus Care subsidies are coordinated with local homeless programs by providing allocations to selected programs by each housing authority that receives them.	Countywide
Transition to Permanency, Rent Assistance	Probation			✓								✓				Suzy Moraes Program Supervisor (213) 351-0222 suzy.moraes@probation.lacounty.gov Gladys Nagy Program Supervisor (323) 418-3195 gladys.nagy@probation.lacounty.gov Damion Rhodes, DPO II Kim Powers, DPO II	Rental assistance for transition age youth, 18 to 25, who are or were on probation or who have or had any connection to the County criminal justice system. Assistance can include up to three months rent, move in costs and basic household furnishings. Referrals are made to other agencies, as needed, for supportive services. Local community programs, agencies and youth themselves can refer clients who have or had contact with the juvenile justice system to Damion Rhodes, (323) 219-1821 and clients who have or had contact with the adult criminal justice system to Kim Powers, (310) 387-6271. In addition to helping clients move into their own apartments, they will refer those clients in need of supportive services to appropriate agencies. Move in assistance can include rent, move-in costs and the purchase of appliances, beds and other basic items to furnish an apartment.	Countywide
4. Food																		
Food Stamp Nutrition Program	Public Social Services (DPSS)					✓					✓	✓	✓	✓	✓	Sharon Brown Program Director (562) 908-6345 sbrown@dpss.lacounty.gov	The Food Stamp Nutrition Program (FSNP) is designed to promote the general welfare and to safeguard the health and well-being of the nation's population by raising the levels of nutrition among low-income households. Food Stamps are issued	Countywide

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																LaTanya Lee HSA II (562) 908-6864 latanyalee@dpss.lacounty.gov www.ladpss.org/new_portal/dpss_foodstamps	<p>using the Electronic Benefit Transfer (EBT) card. FSNP can expand its Countywide Outreach to include potential partners, allowing the opportunity for outreach eligibility workers to accept Food Stamp applications at their sites. Potential partners are invited to participate in the CBO/FBO Application Assistance Project which allows them the opportunity to assist households complete their food stamp applications and receive \$40 for every application that is approved.</p> <p>Also, invite potential partners that are restaurant owners to have the opportunity of participating in the Restaurant Meals Program, a program that allows homeless, disabled, and elderly individuals purchase hot meals from participating restaurants using their Electronic Benefit Transfer (EBT) card.</p>	
Food Stamp Program	Public Social Services (DPSS)					✓					✓	✓	✓	✓	✓	Sharon Brown Program Director (562) 908-6345 SharonBrown@dpss.lacounty.gov http://www.ladpss.org/	<p>Program promotes and safeguards the health and well-being of low-income households by raising their levels of nutrition and increasing their food purchasing power. Although, Food Stamps is a federal program, legal immigrant households that do not qualify for federal food stamps may be eligible to the State's California Food Assistant Program (CFAP).</p> <p>Agencies, such as, schools, shelters, health clinics, faith and community-based organizations, not already collaborating with DPSS on this program may initiate referrals to the Food Stamp Program.</p>	Countywide
The Restaurant Meals Program	Public Social Services (DPSS)					✓					✓		✓	✓	✓	Brenda Silas Program Manager (562) 908-6092 brendasilas@dpss.lacounty.gov http://www.ladpss.org/dpss/restaurant_meals/default.cfm	<p>Restaurant Meals Program is a Food Stamp Program that allows the Homeless, Disabled, and Elderly Food Stamp Households to use their EBT Cards to purchase prepared or hot meals at participating restaurants authorized by the United States Department of Agriculture (USDA).</p>	Countywide

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																	There is potential for collaboration between partnering agencies, such as restaurant vendors, who wish to coordinate their program by become an authorized vendor. Agencies, such as faith and community-based agencies, shelters, etc., may initiate referrals to this program. Overview presentations can be provided by DPSS to interested agencies who wish to learn about the program and be able to refer potentially eligible individuals.	
5. Health and/or Health Insurance																		
Comprehensive Health Centers/PPPs	Health Services (DHS)								✓	✓	✓	✓	✓	✓	✓	John Cochran oversees all of the DHS acute care facilities. Each facility also has a CEO. (213) 240-7926, jcochran@ladhs.org, 313 N. Figueroa, Suite 912 Los Angeles, CA 90033 www.ladhs.org	Department of Health Services (DHS) operates six comprehensive health centers for outpatient medical care. In addition, DHS has Public/Private Partner contracts with several private medical providers for medical care for uninsured. Homeless individuals are included within the population that we serve. Homeless individuals may access any of the medical outpatient clinics directly operated by or contracted with DHS. Homeless services providers may be able to have contact with clinic staff as needed.	Countywide
Hospital Inpatient Services	Health Services (DHS)								✓		✓	✓	✓	✓	✓	John Cochran (213) 240-7926, jcochran@ladhs.org, 313 N. Figueroa, Suite 912 Los Angeles, CA 90033 www.ladhs.org	Homeless individuals may be assessed as needing acute care hospitalization by accessing one of DHS' emergency rooms. Homeless services providers may be able to have contact with hospital staff as needed.	Countywide
Medi-Cal Program	Public Social Services (DPSS)									✓	✓	✓	✓	✓	✓	Deborah Walker, HSA III (562) 908-3535 deborahwalker@dpss.lacounty.gov http://www.ladpss.org/dpss	The Medi-Cal Program provides health coverage for qualifying persons who live in California, who have income and resources below established limits. The following may qualify for Medi-Cal coverage: Persons 65 or older; persons who are under 21 years of age; certain adults between 21 and 65 years of age if they have minor children living with them; persons who are blind or disabled; pregnant women; persons receiving nursing home care; and certain Refugees, Asylees, Cuban/Haitian entrants.	Countywide

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																	<p>Documented and undocumented aliens may be eligible for Medi-Cal. Some persons may receive pregnancy related and emergency services only; others are eligible for full Medi-Cal benefits depending on their alien status.</p> <p>The Medi-Cal Program welcomes the opportunity to work with potential partners who initiate referrals to this program.</p>	
6. Multiple Services																		
Access to Housing for Health (AHH)	Health Services (DHS)	✓	✓	✓					✓		✓		✓	✓	✓	<p>Rowena Magana AHH Program Director (213) 240-7906 rmagana@ladhs.org 313 N. Figueroa, Suite704 LA,CA 90033</p>	<p>Department of Health Services (DHS) partners with the Housing Authorities of both LA County and City of LA, who provide 100 Section 8 vouchers and 15 public housing units. DHS contracts with Homeless Healthcare LA for case management, temporary housing, first and lasts months rent and with Del Richardson and Associates to provide housing location services. Eligible DHS patients are referred into the program. They receive temporary housing and a Section 8 voucher or public housing unit for permanent housing. They also receive housing location services and case management for up to 2 years.</p> <p>If homeless service providers have clients who are in a DHS hospital or visit any of the DHS emergency rooms, they can be referred into AHH by the DHS social worker who covers that service.</p>	Countywide
CalWORKs/ GAIN/GROW/D PSS Co-located	Mental Health (DMH)		✓	✓	✓			✓			✓	✓	✓	✓		<p>Dolores Daniel ddaniel@dmh.lacounty.gov (213) 738-2819 dmh.lacounty.gov</p>	<p>The DMH CalWORKs provides mental health supportive services to CalWORKs participants who are eligible for GAIN services. CalWORKs is a program for families with dependent children. The Department has a specialized Homeless CalWORKs Families Project (HCFP) as designed to provide outreach, engagement, mental health treatment and housing for 300 individuals Countywide. The HCFP</p>	Countywide

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																	<p>is a collaborative between DCFS, HACLA, LAHSA and DMH.</p> <p>The DPSS Co-located program provides mental health screening and referrals to General Relief clients throughout the County, a significant percentage of which are homeless adults. Those clients who receive GR and are eligible to work are transitioned into the Greater Opportunities for Work (GROW) program. The GROW program provides mental health clinical assessment and referrals for mental health treatment.</p> <p>These programs coordinate services with other County Departments in the delivery of services to disabled adults and families with dependents Countywide, including DHS, DPSS and CSS.</p>	
CalWORKs Program	Public Social Services (DPSS)	✓	✓	✓	✓	✓	✓	✓		✓	✓					<p>Sherri Cheatham, Program Administrator (562) 908-6336 sherricheatham@dpss.lacounty.gov http://www.ladpss.org</p>	<p>CalWORKs provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size. Every parent/caretaker relative participating in CalWORKs must cooperate with the Child Support Services Department (CSSD) to collect child support for the children from any absent parent. Families on aid get to keep \$50 of the monthly child support payment for each month the absent parent pays on time. Failure to comply with the CSSD could result in a 25% reduction in aid, unless good cause is determined. Good cause includes the following situations:</p> <ul style="list-style-type: none"> - The participant is a victim of domestic violence - The participant or child(ren) may be in danger if CSSD contacts the absent parent - When rape or incest has occurred <p>Continue collaborating with agencies such as the</p>	Countywide

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																	Housing Authority, Los Angeles Homeless Services Authority and other county departments. CalWORKs Program is open to working with new agencies to improve our services to homeless participants.	
CalWORKs Domestic Violence Services	Public Social Services (DPSS)		✓	✓	✓		✓	✓	✓		✓					Lola Nevarez, HSA I (562) 908-6326 LolaNevarez@dpss.lacounty.gov http://www.ladpss.org/dpss/specialized_services/default.cfm	The Domestic Violence (DV) program provides domestic violence services for CalWORKs participants who are victims of DV, which limits/impairs their ability to become self-sufficient through employment and/or participate in Welfare-to-Work (WtW) activities. There is potential for coordination of services with partnering departments/agencies and service providers through contact with CalWORKs/GAIN staff to ensure CalWORKs family receives DV services and other appropriate services.	Countywide
CalWORKs Mental Health Services	Public Social Services (DPSS)		✓	✓	✓		✓	✓	✓		✓					Maria Ayala, HSA I (562) 908-6327 MariaAyala@dpss.lacounty GAIN Policy Handbook, Mental Health Chapter: http://www.ladpss.org/dpss/gain/gain_handbook/pdf/Chapter1260.pdf Specialized Supportive Services Website: http://www.ladpss.org/dpss/specialized_services/default.cfm	The Mental Health program provides clinical assessments and mental health treatment to CalWORKs participants and participants of the Homeless CalWORKs Families Project (HCFP) who have a mental health barrier that limits/impairs their ability to become self-sufficient through employment and/or participate in WtW activities. There are options for coordinating health services with local homeless programs through referrals initiated by outside agencies, such as emergency shelters, transitional housing, treatment centers, food pantries, service providers, etc., who serve CalWORKs eligible families.	Countywide
CalWORKs Substance Abuse Services	Public Social Services (DPSS)		✓	✓	✓		✓	✓	✓		✓					Jean Dean, HSA I (562) 908-6330 jeandean@dpss.lacounty http://www.ladpss.org/dpss/specialized_services/default.cfm	The Substance Abuse (SA) program provides clinical assessments and treatment services to CalWORKs Welfare-to-Work participants who have a substance abuse barrier that limits/impairs their ability to become self-sufficient through employment and/or	Countywide

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																ecialized_services/default.cfm	participate in Welfare-to-Work (WtW) activities. There is potential for coordination of services with partnering departments/agencies and service providers through contact with CalWORKs/GAIN staff to ensure CalWORKs family receives substance abuse treatment and other appropriate services.	
Community Development Block Grant	Community Development Commission (CDC)		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	Scott Stevenson/Linda Jenkins (323) 890-7001 scott.stevenson@lacdc.org linda.jenkins@lacdc.org	Provides communities with resources to address a range of community development needs. The program works to ensure decent affordable housing, to provide services to the most vulnerable, and to create jobs through the expansion and retention of businesses. CDBG funds are allocated to local social service programs, many of which are local homeless programs.	Unincorporated areas of the County and participating cities.
Community-Based Mental Health	Mental Health (DMH)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		FSP Programs - Children Gita Cugley gcugley@dmh.lacounty.gov (213) 351-6669 FSP Programs - TAY Terri Boykins tboykins@dmh.lacounty.gov (213) 738-2408	Department of Mental Health offers an array of community-based programs and services that target and serve homeless individuals and families and those who at risk of homelessness. These programs and services provide for the provision of homeless outreach and engagement services across various age groups; linkage services to the most appropriate community-based programs based on service needs; in-reach services to individual being released from the Los Angeles County Jail and other institutions; benefit establishment including medical coverage; and integrated/intensive case management services programs for various age groups. The programs and services include but are not limited to the following: • PATH (Projects for Assistance in Transition from Homelessness) funded services (outreach, case management, mental health services, alcohol and drug treatment services and referrals for primary health services and housing services) in directly-	Countywide

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																	<p>operated outpatient clinics for Children, Transition Age Youth, Adults and Older Adults;</p> <ul style="list-style-type: none"> • ACT Programs that provide field based intensive clinical/case management services for individuals leaving institutions such as IMD and other psychiatric institutions to assist and maintain community reintegration; • Full Service Partnership Programs for Children, Transition Age Youth (TAY), Adults and Older Adults (Field Capable Clinical Services) provides the services necessary to help persons with serious mental illness and severe emotional disturbance live successfully in the community rather than in jails, hospitals, institutions, or the streets; • Service Area Navigation Services entail working collaboratively with community providers to coordinate and link individuals to the appropriate services and supports; and • Jail Transition and Linkage Services coordinates and links incarcerated individuals diagnosed with mental illness to appropriate levels of mental health services and supports prior to their release from jail. <p>Mental health services may be used to leverage other local, state and/or federal resources to secure capital funding for the development of temporary and permanent housing; rental subsidies to ensure that available housing options remain affordable for low and very income households; and/or other service funding to address the multitude of issues that attribute to an individual's homelessness.</p>	
Community Transition Unit	Sheriff	✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	Brian Center (213) 473-6591 bcenter@lasd.org 450 S. Bauchet Street R273 Los Angeles, CA 90012	<p>Case managers are provided to inmates in the Los Angeles County jail to link them to benefits and resources upon release.</p> <p>The CTU partners with community based organizations to help coordinate releases from jail</p>	<p>Our services are in all County jail facilities. Currently,</p>

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																	and linkage to services. The goal is to have community based organizations provide services within the jail as soon as possible after arrest.	men are released in downtown Los Angeles and women are released from the jail facility in Lynwood.
Co-Occurring Disorders Court Program (CODC)	Mental Health (DMH)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	<p>1499 Huntington Drive, #101 South Pasadena, 91030 (626) 403-4370</p> <p>Alisa Dunn, LCSW, Program Head adunn@dmh.lacounty.gov</p> <p>Gina Scanlon, LCSW, Program Supervisor gscanlon@dmh.lacounty.gov</p> <p>Jaime Nahman, Ph.D., Outcome Data Supervisor jnahman@dmh.lacounty.gov</p>	<p>The Co-Occurring Disorders Court Program (CODC) assists dually diagnosed homeless clients in the criminal justice system with mental health and substance abuse treatment, housing, benefits establishment and educational- assistance in an intensive case-managed community based setting.</p> <p>CODC works in partnership with L.A. County Superior Court-Clara Shortridge Foltz Criminal Justice Center, Public Defender's and Alternate Public Defender's Offices, District Attorney's Office, L.A. County Sheriff's Dept., Alcohol & Drug Program Administration, Probation Dept., Countywide Criminal Justice Coordination Committee, and the Mental Health Services Act Full Service Partnership Providers.</p> <p>CODC works collaboratively with the above agencies to provide comprehensive services to dually diagnosed homeless adults (with TAY and Older Adult individuals as they present) to provide a path to recovery and wellness while reducing recidivism, hospitalization and homelessness.</p>	<p>Services provided in Service Area 4/6.</p> <p>Homeless clients from anywhere in Los Angeles County appearing before the above mentioned Superior Court are eligible for services.</p>

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District Access Program	Public Social Services (DPSS)	✓		✓							✓					Consuelo Monreal Program Manager (562) 908-6323 ConsueloMonreal@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	CalWORKs district offices have designated a number of Eligibility Workers (EWs) from their Housing Resource Unit as part of their access team to connect families with CalWORKs and eligible homeless programs and services. The EWs are placed on an "on-call" basis to accept potential applications from access centers and shelters. If the family cannot travel to the district office and the shelter/access center cannot provide transportation, the Access Team will travel to the shelter/access center to assist the family as needed. There is great potential for coordination of benefits between new and current partnering agencies (emergency shelters, transitional housing, service providers, etc.) and DPSS through an "on-call" process currently in place which links families to DPSS programs and services, particularly homeless assistance. Through this coordinated effort, available resources are effectively used to assist homeless families with the goal of moving them into permanent housing. As a result of this collaboration, CalWORKs homeless families have a stronger support system to assist them with applying and receiving homeless benefits and assistance.	Countywide
Emergency Assistance to Prevent Eviction (EAPE) Program	Public Social Services (DPSS)	✓		✓							✓					Consuelo Monreal Program Manager (562) 908-6323 ConsueloMonreal@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	The Emergency Assistance to Prevent Eviction Program provides up to \$2,000 in cash aid benefits payable through a CalWORKs participant's EBT account or via a two-party check to pay for back due rent and/or utilities. The program is available once-in-a-lifetime (no exceptions) and may be used as needed not to exceed the \$2,000 limit. The CalWORKs family must have experienced a financial hardship and provide verification to qualify for the program. There are options for coordination of services	Countywide

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																	between outside agencies (service providers, other county departments, schools, etc.) and DPSS through referrals of at-risk families who may be potentially eligible to EAPE benefits. Through this coordinated effort, homelessness may be prevented among at-risk families.	
Emergency Outreach Services	Mental Health (DMH)	✓		✓		✓		✓			✓	✓	✓	✓		Irma Castaneda icastaneda@dmh.lacounty.gov (213) 738-3433 dmh.lacounty.gov	The Department offers several programs that provide outreach and engagement services for homeless individuals and their families including the HOME Program, administered under the Emergency Outreach Bureau (EOB). This program provides Countywide outreach and engagement services that employ recovery-based strategies to empower individuals to develop their goals, become self-sufficient, and successfully transition to stable community living through the coordination and linkage to appropriate services and supports. EOB provides other field response operations such as the Psychiatric Mobile Response Team (PMRT) that conducts field mental health evaluation in response to emergency calls from the community. In addition, EOB provides staff that is coupled with law enforcement teams such as the Systemwide Mental Assessment Response Team (SMART) and the Mental Evaluation Team (MET). DMH partners with local law enforcement to respond to emergency calls from the community.	Countywide
General Relief	Public Social Services (DPSS)	✓	✓	✓	✓		✓	✓	✓				✓		✓	LaShonda Diggs Program Director (562) 908-5861 lashondadiggs@dpss.lacounty.gov Donna Keating, HSA II donnaakeating@dpss.lacounty.gov http://www.ladpss.org/dpss/ge	General Relief (GR) assists needy adults who are ineligible for State or federal assistance. An average GR case consists of one person, living alone, with no income or resources. The maximum monthly GR grant for one person is \$221 and \$374 for two persons. The GR Program welcomes the opportunity to work with potential partners to refer indigent, single adults	Countywide

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																neral_relief	to apply for cash benefits, SSI advocacy services, and employment services through the General Relief Program. The GR Program also invites the opportunity to work with potential partners who are able to provide housing for GR participants. Potential partners are eligible to receive a rental payment up to \$436.00 monthly through the GR Housing Subsidy Program.	
Greater Avenues for Independence (GAIN) Program	Public Social Services (DPSS)	✓	✓		✓		✓	✓			✓					GAIN Program Division 12860 Crossroads Parkway South, City of Industry, CA 91746 Jackie Mizell-Burt, Section I jackiemizell-burt@dpss.lacounty.gov (562) 908-8447 Leticia Colchado, Section II leticiacolchado@dpss.lacounty.gov (562) 908-8370 Robert Lee, Section III robertlee@dpss.lacounty.gov (562) 908-5740 Nadia Mirzayans, SSS nadiamirzayans@dpss.lacounty.gov (562) 908- 6330 http://www.ladpss.org/dpss/gain/default.cfm For Specialized Supportive Services information: http://www.ladpss.org/dpss/specializedservices/default.cfm	The GAIN Program is Los Angeles County's Welfare-to-Work program. GAIN provides services to enable CalWORKs participants to achieve self-sufficiency through work. Services include case management, paid and non-paid work experience, job search services, skills and clinical assessments, training and education, and assistance with work and school-related needs such as clothing, tools, child care and transportation. GAIN also provides services for Mental Health, Domestic Violence, Substance Abuse, and Homelessness. GAIN works with other County Departments to address Family Preservation and Reunification needs. Agencies (employers, schools, service providers, etc.) not already collaborating with the GAIN Program, have options to coordinate their programs/services. Potential partnering agencies may connect their programs by contacting DPSS GAIN Program staff indicated above under Department Contact Information. Some programs/services that may be coordinated with GAIN may include employment, educational/training programs, and services.	Countywide
Homeless Assistance Program	Public Social Services (DPSS)	✓		✓							✓			✓		Consuelo Monreal Program Manager (562) 908-6323 ConsueloMonreal@dpss.lacounty.gov	The Homeless Assistance Program provides three forms of assistance: Temporary Homeless Assistance (up to 16 consecutive days of homeless assistance to pay for a hotel/motel or paid shelter),	

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Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																http://www.ladpss.org/dpss/calworks	<p>Permanent Homeless Assistance (pays move-in costs [last month's rent, security deposit, utility turn-on fees]) and HA Permanent Arrearages (pays up to two months in back due rent. A CalWORKs family must have a verifiable financial hardship and monthly rent must not exceed 80% of Total Monthly Household Income).</p> <p>There is great potential for coordinating this program through referrals to/from local homeless programs, such as, St. Frances of Rome Homeless Programs which provide home furnishings to homeless families, and Our Savoir Center, which provides additional emergency hotel vouchers when CalWORKs families exhaust their 16-days of temporary homeless assistance.</p>	
Homeless CalWORKs Families Project (HCFP)	Public Social Services (DPSS)	✓	✓	✓	✓	✓	✓	✓			✓					<p>Deon Arline Program Manager (562) 908-6781</p> <p>DeonArline@dpss.lacounty.gov</p> <p>http://www.ladpss.org/dpss/calworks</p>	<p>HCFP is a collaborative effort between the Departments of Public Social Services (DPSS), Mental Health (DMH), the Los Angeles Homeless Services Authority (LAHSA), and the City and County Housing Authorities.</p> <p>The project is available for homeless CalWORKs Welfare-to-Work families in which a parent has a mental health issue. The main goal of the project is to move homeless families into emergency shelters, then into transitional housing while stabilizing and finally into permanent housing, by addressing any barriers that prevent them from obtaining housing.</p> <p>Each HCFP site (six sites) team consists of a DPSS Eligibility Worker (EW), a DPSS GAIN Services Worker (GSW), Mental Health staff (Case Manager, Therapist, and Housing Specialist), and two LAHSA staff. The County Housing Authority has one staff that is directly involved for the entire project.</p>	Offered to all CalWORKs participants who are eligible; however, the project is only at Metro Family downtown, East San Fernando Valley, Pomona, Norwalk, El Monte and South Central Districts.

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	<p>Families participating in the project receive a wide range of services from all the agencies involved in order to reach the desired goal of acquiring permanent housing. Some of the services include:</p> <ul style="list-style-type: none"> • CalWORKs benefits • Employment and educational opportunities • Transportation and child care • Emergency shelter and transitional housing • Mental health services • Section 8 vouchers/rental subsidies (if available and eligible) • Assistance with finding permanent housing <p>There is potential for coordination through referrals initiated by local partnering agencies. DPSS would be in a position to refer families to outside agencies to receive services not provided by the HCFP program.</p>	
Homeless Case Management Program	Public Social Services (DPSS)	✓	✓	✓	✓	✓	✓	✓			✓					<p>Consuelo Monreal Program Manager (562) 908-6323 ConsueloMonreal@dpss.lacounty.go</p> <p>http://www.ladpss.org/dpss/calworks</p>	<p>The Homeless Case Management Program provides intensive case management services to CalWORKs homeless families. Some of the services include: crisis intervention, completion of a needs assessment, referrals to community resources such as food pantries, employment placement, verify correct benefits are issued by DPSS, develop a housing plan in partnership with the family, provide rental listings, initiate referrals to Specialized Supportive Services (mental health, substance abuse treatment and services related to domestic violence), Housing Locator Services, etc.</p> <p>Currently, many local agencies (shelters, transitional housing, service providers, etc.) are collaborating with DPSS to address needs of homeless families. For agencies not collaborating in this program, there is great potential for coordination of benefits/services.</p>	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
Homeless Program/Public Health Programs	Public Health (DPH)		✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	<p>Carrie L. Bach Homeless Program Public Health (213) 240-7966 cbach@ph.lacounty.gov</p> <p>Dorothy de Leon, Director Program Services Division Alcohol and Drug Program Administration (626) 299-4532 ddeleon@ph.lacounty.gov http://www.lapublichealth.org/</p>	<p>Coordination of public health response to homelessness. <u>Programs include:</u> Health Centers, TB Control, Incentive/Enabler Program, Immunization Program, Acute Communicable Diseases: Now partnering with LACAN to provide CD health education to homeless clients and providers on Skid Row. Office of AIDS Programs & Policy: Counseling and Testing at 12 sites within the Skid Row area via storefront and mobile van activities & other county sites; Environmental Health: Housing and Institutions program routine inspection and responds to complaints at hotels/motels and homeless shelters, but these inspections are a service to the providers, and not to the homeless directly. Homeless Program: Coordination of public health programs for homeless residents of Los Angeles County as well as collaborate with public/private coalitions/partners to improve service delivery; Also developing a website to provide a clearinghouse of information and resources to public, public/private agencies and providers to prevent gaps and duplication of resources/services; Binational-Border Health Program: Alcohol/Drug Program Admin.: The Community Assessment Service Centers (CASC) system is composed of eight contract community-based organizations located in one of the County's eight Service Planning Areas (SPA). There are currently 20 Services Center sites located throughout Los Angeles County. STD Program: Full spectrum of care for STD (ie diagnosis, treatment and follow-up).</p>	<p>SPA 1</p> <p>Programs are county-wide; Specific health centers are in each of the SPA's.</p>

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
Housing Assistance Programs	Mental Health (DMH)	✓		✓			✓	✓			✓	✓	✓	✓		<p>Rental Assistance and Eviction Prevention Program, Section 8 Housing Choice Voucher Program, Shelter Plus Care Certificate Program, Specialized Shelter Bed Program Kathleen McQuade kmcquade@dmh.lacounty.gov (213) 251-6567</p> <p>TAY Emergency Housing Vouchers, TAY Transitional Housing Programs Terri Boykins tboykins@dmh.lacounty.gov 213738-2408</p> <p>Countywide Housing Specialists Program Reina Turner rturner@dmh.lacounty.gov</p> <p>dmh.lacounty.gov</p>	<p>The Department offers a variety of housing programs that assist individuals and their families who are homeless or at risk of homelessness to secure emergency, temporary, and/or permanent housing. The programs include but are not limited to the following:</p> <ul style="list-style-type: none"> • Rental Assistance and Eviction Prevention Program – provides cash payments for move-in expenses, purchase of household appliances, and/or eviction prevention; • Homeless Section 8 Housing Choice Voucher Program - provides a rental subsidy funded through the Department of Housing and Urban Development; • Shelter Plus Care Certificate Program - provides a rental subsidy funded through the Department of Housing and Urban Development; • Countywide Housing Specialists Program – a component of the Service Area Navigation Team responsible for developing and expanding housing resources, assisting individuals with their housing needs, and acting as an advocate for individuals with poor or no credit and housing histories and averting possible evictions; • Specialized Shelter Bed Program – provides temporary shelter for individuals with a mental illness while they seek permanent housing; • TAY Emergency Housing Vouchers - provides temporary shelter for individuals with a mental illness or severe emotional disturbance during outreach and engagement; and • TAY Transitional Housing Programs – collaborative effort between Department of Children and Family services and DMH to provide housing for emancipated adults who are mentally disabled exiting the foster care system and are at risk of becoming homeless. <p>The Department of Mental Health (DMH) contracts</p>	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	with community-based homeless service providers to provide emergency and temporary housing for individuals and their families. In addition, DMH has contracts with the Housing Authorities of the City and County of Los Angeles to offer Homeless Section 8 and Shelter Plus Care rental subsidies.	
Moving Assistance (MA) for CalWORKs Families	Public Social Services (DPSS)	✓		✓							✓					Deon Arline Program Manager (562) 908-6781 DeonArline@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	MA for CalWORKs families provides assistance to families who are experiencing a financial crisis, including homelessness or at risk of homelessness (already received eviction notice or 3-day notice to pay or quit), to secure affordable, permanent housing. If the family is homeless, the family must have exhausted all other means of assistance including Homeless Assistance (if eligible) to qualify for MA. There is great potential for coordination of services with partnering agency programs through a referral process initiated by emergency shelters, transitional housing agencies and similar group living housing providers.	Countywide
Moving Assistance for Non-CalWORKs Families	Public Social Services (DPSS)	✓		✓							✓					Deon Arline Program Manager (562) 908-6781 DeonArline@dpss.lacounty.gov http://www.ladpss.org/dpss/calworks	The MA for Non-CalWORKs Homeless Families program provides assistance with move-in costs to non-CalWORKs families who are exiting emergency shelters, transitional housing, or similar temporary group living when families have secured permanent non-subsidized housing. There is great potential for coordination of services with partnering agency programs through a referral process initiated by emergency shelters, transitional housing agencies and similar group living housing providers. Agencies not already collaborating with DPSS and this program have new opportunities to initiate referrals to this program.	Countywide

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
Recuperative Care Services	Health Services (DHS)			✓					✓				✓	✓	✓	Libby Boyce, Homeless Services Coordinator, DHS (213) 240-8465 eboyce@ladhs.org 313 N. Figueroa, Suite 704 Los Angeles, CA 90033	In Los Angeles County, there are currently 45 recuperative care beds that are available.. These beds provide an aftercare environment for homeless individuals being discharged from area hospitals. These individuals no longer require acute care, but do require longer to completely convalesce. Hopefully by February 2008, there will be an additional 30 recuperative care beds in LA County. 15 of these new beds and 10 of the existing beds will be funded by Department of Health Services (DHS). Homeless individuals may be assessed by community based medical providers as needing recuperative care services. If so, they may contact the recuperative care provider directly at (213) 689-2131.	Countywide
Refugee Employment Program	Public Social Services (DPSS)		✓		✓		✓	✓			✓	✓			✓	Leticia Colchado, Program Director, HSA III (562) 908-8370 leticiacolchado@dpss.lacounty.gov Lisa Hayes, Refugee Coordinator, HSA I (562) 908-8542 lisahayes@dpss.lacounty.gov	The Refugee Employment Program (REP) is designed to provide employment and training services for refugees residing in the United States (US) for five years or less and asylees residing in the US for 5 years from the date they are granted asylum. The REP Program also provides outreach, case management, and placement services to refugees. The program also assists refugee to adjust and adapt to the American workplace, learn English, and ultimately achieve self-sufficiency to end their dependence on welfare. Services under this program are available to refugees who are aided through the CalWORKs, Refugee Cash Assistance (RCA), and General Relief (GR) Program or not aided through a public assistance program. DPSS administers the REP program through contracts with eight community based organizations (CBOs). DPSS welcomes the opportunity to work	Refugee Employment Program is administered countywide, even though 80% of the population resides in the Glendale area.

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category									Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults			
																	with Refugee stakeholders in an effort to provide services that meet funding requirements and mirror similar services provided by DPSS.	
Skid Row Demonstration Project	Children and Family Services (DCFS)			✓		✓					✓					Theresa Rupel, Program Manager Department of Children and Family Services LaTasha Thompson, Secretary (213) 639-4200 thomplb@dcfs.lacounty.gov	This project will serve 300 homeless families in the Skid Row area of Downtown Los Angeles. Families enrolled in this project will be provided emergency housing outside Skid Row. Eligible clients will be referred to Beyond Shelter's Housing First Project. Of the 300 families, 90% will be assisted with permanent housing and will receive 6 months of case management services. upon entrance into permanent housing. All families are referred through contact with the Skid Row Assessment Team, a multi-departmental team including members from the Departments of Public Social Services, Mental Health, Public Health, and Children and Family Services. Prior to referral to the contract agency, all families are screened to determine eligibility for services by each department. In cases where the family is eligibility, each family is referred and connected as appropriate.	SPA 4 Skid Row Downtown Los Angeles
Skid Row Services	Mental Health (DMH)	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	Lawrence Hurst, L.C.S.W. lhurst@dmh.lacounty.gov (213) 430-6732 dmh.lacounty.gov	Recognizing the multiple challenges and the complexities in the delivery of services in the Skid Row Area of downtown Los Angeles, the Department of Mental Health (DMH) has launched a management team to oversee and implement existing and proposed services targeting this area. The Skid Row Mental Health Management Team is lead by a District Chief and Chief Medical Officer. This team is responsible for implementing and administering programs that provide integrated/intensive case management; outreaching and engagement; joint law enforcement and DMH response teams; and short-term, intensive crisis	SPA 4 Skid Row

Los Angeles County Inventory of Benefits and Services for Homeless Families and Individuals

Program	Department	Service Category								Population					Contact information	Program Description and Benefit/Service/Program Coordination	Location
		Money/Cash Assistance	Substance Abuse	Housing (including subsidies)	Employment	Food	Education/Training	Mental Health	Health	Health Insurance	Families w/Children	Transition Age Youth	Disabled Adults	Elderly Adults	Other Adults		
																<p>resolution services. The programs include but are not limited to the following:</p> <ul style="list-style-type: none">• Adult Full Services Partnership Program• Crisis Resolution Services• CalWORKs Homeless Families Project• Skid Row Assessment Team• Older Adult Homeless Outreach Team• Community-based Outpatient Services• SMART <p>As part of their responsibilities, the Skid Row Management Team works with the Downtown Mental Health Clinic Community Advisory Board, a board with over thirty community agencies and organizations to coordinate the delivery of services in the Skid Row Area. In the addition, Downtown Mental Health Clinic coordinates services with other County Departments in the delivery of services in the area including but not limited to the CalWORKs Homeless Families Project and Project 50.</p>	

HOMELESS PREVENTION INITIATIVE

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING	FY 2007-08 BUDGET ADJUSTMENTS	FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
	1	2	3	4	6	8	9	10 = 7 - 8	11 = 7 - 9
Homeless Services Centers	7,125,000	0	7,125,000	7,125,000		0	4,025,000	14,250,000	10,225,000
Create a multi-disciplinary/ interdepartmental Homeless Family Access Center (HFAC) at Skid Row (Leavey Center)	1,400,000	0	1,400,000	1,400,000	(2,277,310)	0	0	522,690	522,690
Create a Homeless Court	379,000	0	379,000	379,000	(379,000)	0	379,000	379,000	0
Create a Prototype Court	200,000	200,000	0	200,000	0	0	200,000	200,000	0
Housing Locators/Housing Specialists	400,000	0	400,000	400,000	(400,000)	0	0	400,000	400,000
Create a Housing Data Base	202,000	202,000	0	202,000	0	0	202,000	202,000	0
DPSS General Relief (GR) Housing Subsidy and Case Management Pilot	4,052,000	1,020,000	3,032,000	4,052,000	(2,900,000)	1,156,880	3,591,000	3,027,120	593,000
DPSS Applications at County Jails	1,097,000	938,000	159,000	1,097,000	(64,000)	332,903	1,171,000	859,097	21,000
DPSS Applications at County Medical Centers Pilot	588,000	239,000	349,000	588,000	(251,000)	58,074	588,000	627,926	98,000
Administrative	148,000	37,000	111,000	148,000	0	74,000	148,000	185,000	111,000
ONGOING FUNDING TOTAL	15,591,000	2,636,000	12,955,000	15,591,000	(6,271,310)	1,621,857	10,304,000	20,652,833	11,970,690

HOMELESS SERVICES CENTER

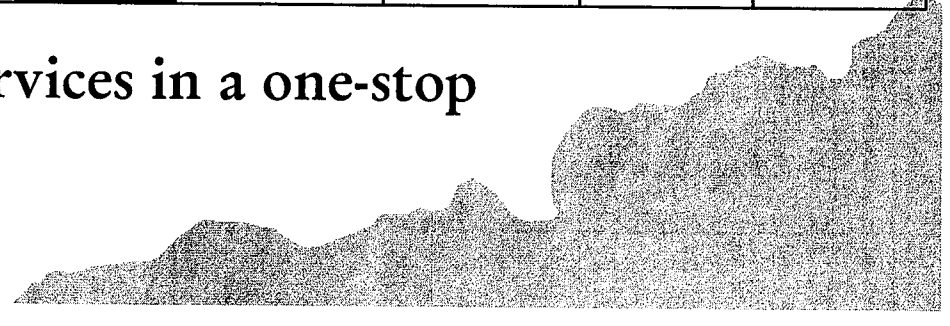
Shelter/Services for homeless individuals and families by
region

	1 ST DISTRICT	2 ND DISTRICT	3 RD DISTRICT	4 TH DISTRICT	5 TH DISTRICT	TOTAL
FY 2006-07	\$ 1,425,000	\$ 1,425,000	\$ 1,425,000	\$ 1,425,000	\$ 1,425,000	\$ 7,125,000
FY 2007-08	\$ 1,425,000	\$ 1,425,000	\$ 1,425,000	\$ 1,425,000	\$ 1,425,000	\$ 7,125,000
TOTAL	\$ 2,850,000	\$ 2,850,000	\$ 2,850,000	\$ 2,850,000	\$ 2,850,000	\$ 14,250,000
ENCUMBERED						
SGV Cog Phase I	\$ 66,000			\$ 21,000	\$ 63,000	\$ 150,000
Phase II	\$ 614,400				\$ 585,600	\$ 1,200,000
Admin.	\$ 22,000			\$ 7,000	\$ 21,000	\$ 50,000
Gateway Cog Phase I	\$ 45,000			\$ 105,000		\$ 150,000
Phase II	\$ 360,000			\$ 840,000		\$ 1,200,000
LB Veterans	\$ -			\$ 500,000		\$ 500,000
LB Rescue Mission	\$ -			\$ 50,000		\$ 50,000
New Image	\$ -	\$ 500,000				\$ 500,000
Chavez	\$ -			\$ 125,000		\$ 125,000
Beyond Shelters	\$ 100,000					\$ 100,000
TOTAL	\$ 1,207,400	\$ 500,000	\$ -	\$ 1,648,000	\$ 794,600	\$ 4,025,000
TOTAL AVAILABLE	\$ 1,642,600	\$ 2,350,000	\$ 2,850,000	\$ 1,202,000	\$ 2,180,400	\$ 10,225,000

MULTI-DISCIPLINARY /INTERDEPARTMENTAL HOMELESS FAMILY ACCESS CENTER (Leavey Center)

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$1,400,000	0	\$1,400,000	\$1,400,000		(\$2,277,310)		0	0	\$522,690	\$522,690

Medical/mental health/social services in a one-stop setting for homeless families.



CREATE A HOMELESS COURT

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$379,000	0	\$379,000	\$379,000		(\$379,000)		0	\$379,000	\$379,000	0

Resolves outstanding tickets, warrants, and fines for homeless defendants



CREATE A PROTOTYPE COURT

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$200,000	\$200,000	0	\$200,000		0		0	\$200,000	\$200,000	0

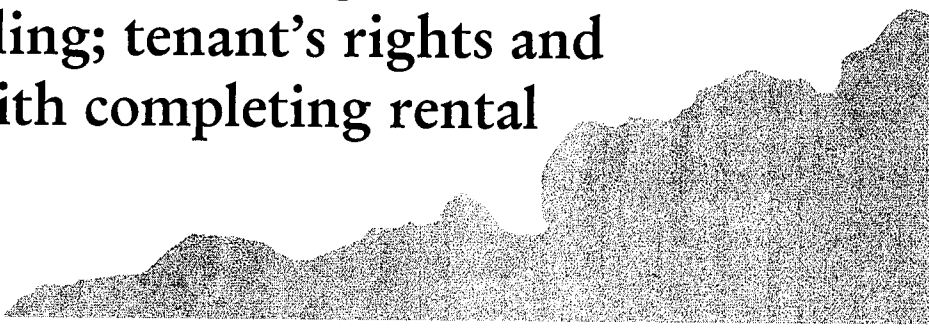
Resolve felony cases for homeless individuals with co-existing disorders of serious mental illness and drug dependence.



HOUSING LOCATORS/ HOUSING SPECIALIST

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$400,000	0	\$400,000	\$400,000		(\$400,000)		0	0	\$400,000	\$400,000

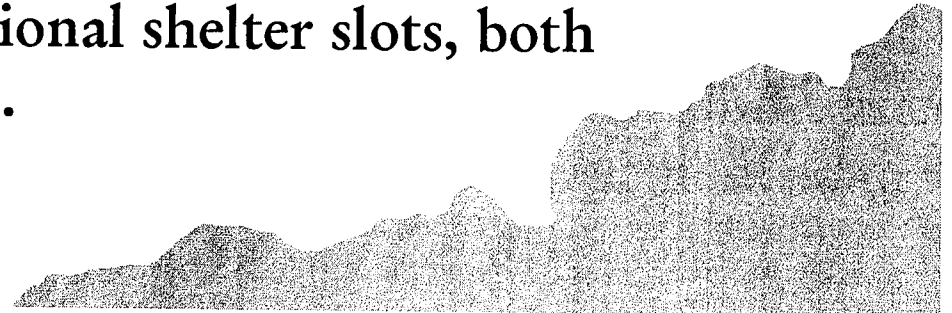
Assist clients with: locating affordable housing and services; obtaining credit & credit counseling; tenant's rights and responsibilities education; and with completing rental agreements and moving.



CREATE A HOUSING DATABASE

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$202,000	\$202,000	0	\$202,000		0		0	\$202,000	\$202,000	0

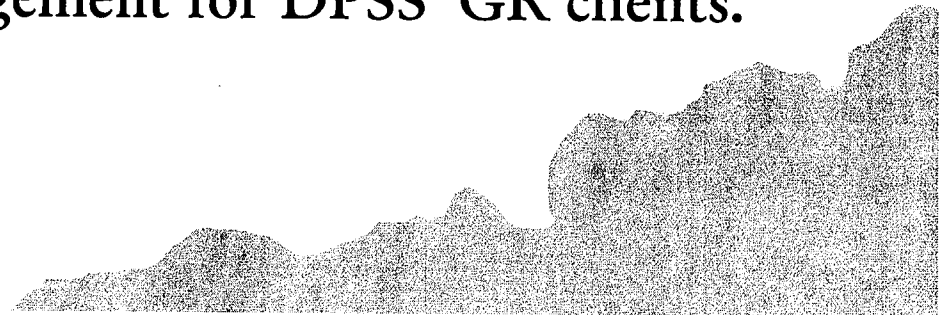
To identify housing opportunities, i.e., affordable permanent units and emergency and transitional shelter slots, both affordable and market rate units.



DPSS GR HOUSING SUBSIDY & CASE MANAGEMENT PILOT

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$4,052,000	\$1,020,000	\$3,032,000	\$4,0520,000		(\$2,900,000)		\$1,156,880	\$3,591,000	\$3,027,120	\$593,000

Rental assistance and case management for DPSS' GR clients.



DPSS APPLICATIONS AT COUNTY JAILS

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$1,097,000	\$938,000	\$159,000	\$1,097,000		(\$64,000)		\$332,903	\$1,171,000	\$859,097	\$21,000

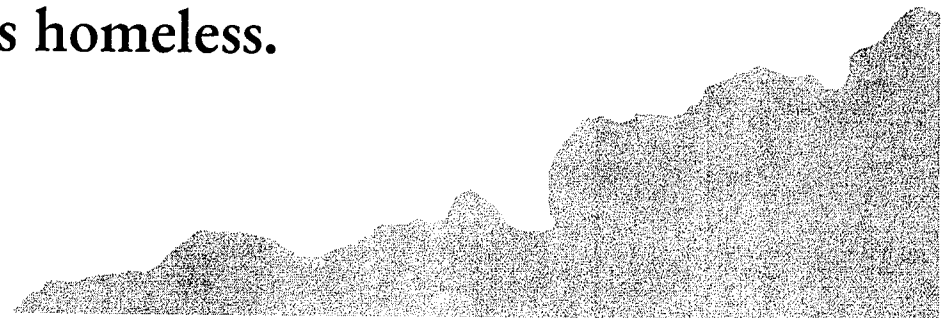
Process benefits applications for incarcerated individuals that self-identify as homeless.



DPSS APPLICATIONS AT COUNTY MEDICAL CENTERS PILOT

FY 2006-07 FUNDING	FY 2006-07 YTD ACTUAL EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	NEW FY 2007-08 FUNDING		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED/ ACTUAL
1	2	3	4		6		8	9	10 = 7 - 8	11 = 7 - 9
\$588,000	\$239,000	\$349,000	\$588,000		(\$251,000)		\$58,074	\$588,000	\$627,926	\$98,000

Process benefits applications for clients of DHS' four acute care hospitals that self-identify as homeless.



COUNTY HOMELESS & HOUSING PROGRAM FUND

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	FY 2007-08 BUDGET ADJUSTMENTS	FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3	5	7	8	9 = 6 - 7	10 = 6 - 8
CITY/COMMUNITY PROGRAMS:								
Capital Development: Housing Units; Safe Havens;	\$11,600,000	\$0	\$11,600,000		\$0	\$11,600,000	\$11,600,000	\$0
Locally Defined Programs to Reduce and/or Prevent Homelessness (other than Capital)	\$20,400,000	\$0	\$20,400,000		\$0	\$20,400,000	\$20,400,000	\$0
Sub total	\$32,000,000	\$0	\$32,000,000		\$0	\$32,000,000	\$32,000,000	\$0
COUNTY PROGRAMS:								
Pre-Development Revolving Fund	\$20,000,000	\$0	\$20,000,000		\$20,000,000	\$20,000,000	\$0	\$0
Community Outreach and Collaboration Strategies	\$800,000	\$0	\$800,000		\$40,000	\$120,000	\$760,000	\$680,000
Sub total	\$20,800,000	\$0	\$20,800,000		\$20,040,000	\$20,120,000	\$760,000	\$680,000
DISCHARGE PROGRAMS/RENTAL SUBSIDIES/MOVING ASSISTANCE/EVICTION PROTECTION:								
Moving assistance for CW Non-Welfare-to-Work Homeless Families and Non-CW Families in Emergency/Transitional Shelter or Similar Temporary Group Living	\$1,300,000	\$0	\$1,300,000		\$509,357	\$955,000	\$790,643	\$345,000
Rental Subsidy for CW & Non-CW Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living	\$4,500,000	\$14,400	\$4,485,600		\$46,850	\$100,000	\$4,438,750	\$4,385,600
Eviction Prevention for CW Non-Welfare-to-Work Homeless Families	\$500,000	\$0	\$500,000		\$796,687	\$500,000	(\$296,687)	\$0
Housing Assistance for Skid Row Families	\$3,700,000	\$1,728,000	\$1,972,000	\$351,000	\$0	\$2,323,000	\$2,323,000	\$0
Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living	\$1,100,000	\$2,786	\$1,097,214		\$10,982	\$240,000	\$1,086,232	\$857,214
Discharge of Hospital Patients (Recuperative Care)	\$1,320,000	\$0	\$1,320,000		\$0		\$1,320,000	\$1,320,000
Moving Assistance/Rental Subsidies for Transitional Age Youth Exiting Dependency and Probation Systems (DCFS/PROBATION) \$1.75 MILLIONS EACH	\$3,500,000	\$13,653	\$3,486,347		\$0		\$3,486,347	\$3,486,347
Jail "In-Reach" Case Management	\$1,500,000	\$0	\$1,500,000		\$0		\$1,500,000	\$1,500,000
Sub total	\$17,420,000	\$1,758,839	\$15,661,161		\$1,363,876	\$4,118,000	\$14,648,285	\$11,894,161

COUNTY HOMELESS & HOUSING PROGRAM FUND

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07		FY 2007-08 BUDGET ADJUSTMENT S		FY 2007-08 YTD ACTUAL EXPENDITURE S	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURE S	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3		5		7	8	9 = 6 - 7	10 = 6 - 8
ADMINISTRATION:										
Administration Fund Balance	\$1,840,000	\$0	\$1,840,000				\$25,100	\$25,100	\$1,814,900	\$1,814,900
Evaluation - "Performance Counts!"	To Be Determined	\$0	\$0				\$0		\$0	\$0
SSI and Other Benefits Advocacy Program	\$2,000,000	\$0	\$2,000,000				\$0		\$2,000,000	\$2,000,000
Program Administration	To Be Determined	\$0	\$0				\$0		\$0	\$0
Sub total	\$3,840,000	\$0	\$3,840,000				\$25,100	\$25,100	\$3,814,900	\$3,814,900
OTHER BOARD APPROVED PROGRAMS:										
Skid Row Families - Beyond Shelter	\$2,000,000	\$1,178,000	\$822,000		\$819,000		\$0	\$1,641,000	\$1,641,000	\$0
Transform Cold/Wet Weather Beds to Year-Round Shelter - Burke - LAHSA	\$1,000,000	\$1,000,000	\$0				\$0		\$0	\$0
Santa Monica Homeless/Community Court	\$540,000	\$0	\$540,000				\$0	\$527,741	\$540,000	\$12,259
Access to Housing for Health	\$1,500,000	\$0	\$1,500,000				\$0	\$1,500,000	\$1,500,000	\$0
Weingart Center Operations	\$900,000	\$900,000	\$0				\$0		\$0	\$0
Sub total	\$5,940,000	\$3,078,000	\$2,862,000		\$819,000		\$0	\$3,668,741	\$3,681,000	\$12,259
ONETIME FUNDING TOTAL	\$80,000,000	\$4,836,839	\$75,163,161		\$1,170,000		\$21,428,976	\$59,931,841	\$54,904,185	\$16,401,320

COUNTY HOMELESS & HOUSING PROGRAM FUND CITY/COMMUNITY PROGRAMS

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3		5		7	8	9 = 6 - 7	10 = 6 - 8
Capital Development: Housing Units; Safe Havens;	\$11,600,000	\$0	\$11,600,000				\$0	\$11,600,000	\$11,600,000	\$0
Locally Defined Programs to Reduce and/or Prevent Homelessness (other than Capital)	\$20,400,000	\$0	\$20,400,000				\$0	\$20,400,000	\$20,400,000	\$0
Sub total	\$32,000,000	\$0	\$32,000,000				\$0	\$32,000,000	\$32,000,000	\$0

COUNTY HOMELESS & HOUSING PROGRAM

FUND COUNTY PROGRAMS

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3		5		7	8	9 = 6 - 7	10 = 6 - 8
Pre-Development Revolving Fund	\$20,000,000	\$0	\$20,000,000				\$20,000,000	\$20,000,000	\$0	\$0
Community Outreach and Collaboration Strategies	\$800,000	\$0	\$800,000				\$40,000	\$120,000	\$760,000	\$680,000
Sub total	\$20,800,000	\$0	\$20,800,000		\$0		\$20,040,000	\$20,120,000	\$760,000	\$680,000

COUNTY HOMELESS & HOUSING PROGRAM

FUND DISCHARGE PROGRAMS/ RENTAL SUBSIDIES/ MOVING ASSISTANCE/ EVICTION PROTECTION

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07	FY 2007-08 BUDGET ADJUSTMENTS	FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3	5	7	8	9 = 6 - 7	10 = 6 - 8
Moving assistance for CW Non-Welfare-to-Work Homeless Families and Non-CW Families in Emergency/Transitional Shelter or Similar Temporary Group Living	\$1,300,000	\$0	\$1,300,000		\$509,357	\$955,000	\$790,643	\$345,000
Rental Subsidy for CW & Non-CW Homeless Families in Emergency/Transitional Shelter or Similar Temporary Group Living	\$4,500,000	\$14,400	\$4,485,600		\$46,850	\$100,000	\$4,438,750	\$4,385,600
Eviction Prevention for CW Non-Welfare-to-Work Homeless Families	\$500,000	\$0	\$500,000		\$796,687*	\$500,000	(\$296,687)	\$0
Housing Assistance for Skid Row Families	\$3,700,000	\$1,728,000	\$1,972,000	\$351,000	\$0	\$2,323,000	\$2,323,000	\$0
Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living	\$1,100,000	\$2,786	\$1,097,214		\$10,982	\$240,000	\$1,086,232	\$857,214
Discharge of Hospital Patients (Recuperative Care)	\$1,320,000	\$0	\$1,320,000		\$0		\$1,320,000	\$1,320,000
Moving Assistance/Rental Subsidies for Transitional Age Youth Exiting Dependency and Probation Systems (DCFS/PROBATION) \$1.75 MILLIONS EACH	\$3,500,000	\$13,653	\$3,486,347		\$0		\$3,486,347	\$3,486,347
Jail "In-Reach" Case Management	\$1,500,000	\$0	\$1,500,000		\$0		\$1,500,000	\$1,500,000
Sub total	\$17,420,000	\$1,758,839	\$15,661,161	\$351,000	\$0	\$4,118,000	\$14,648,285	\$11,894,161

* The over-expenditures in this program are due to miscoding of the funding stream. Corrective actions are currently in place. If after the adjustment, expenditures still exceed the Adopted Budget, to the extent possible, surplus fund from Moving Assistance program will be used to cover the shortfall.

COUNTY HOMELESS & HOUSING PROGRAM FUND ADMINISTRATION

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURES	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3		5		7	8	9 = 6 - 7	10 = 6 - 8
Administration Fund Balance	\$1,840,000	\$0	\$1,840,000				\$25,100	\$25,100	\$1,814,900	\$1,814,900
Evaluation - "Performance Counts!"	To Be Determined	\$0	\$0				\$0		\$0	\$0
SSI and Other Benefits Advocacy Program	\$2,000,000	\$0	\$2,000,000				\$0		\$2,000,000	\$2,000,000
Program Administration	To Be Determined	\$0	\$0				\$0		\$0	\$0
Sub total	\$3,840,000	\$0	\$3,840,000		\$0		\$25,100	\$25,100	\$3,814,900	\$3,814,900

COUNTY HOMELESS & HOUSING PROGRAM FUND OTHER BOARD APPROVED PROGRAMS

RECOMMENDATION	FY 2006-07 FUNDING	FY 2006-07 YTD EXPENDITURES	CARRY-OVER BALANCE FROM FY 2006-07		FY 2007-08 BUDGET ADJUSTMENTS		FY 2007-08 YTD ACTUAL EXPENDITURES	FY 2007-08 ESTIMATED/ ACTUAL EXPENDITURE S	AVAILABLE FUNDING MINUS YTD ACTUALS	AVAILABLE FUNDING MINUS ESTIMATED ACTUALS
	1	2	3		5		7	8	9 = 6 - 7	10 = 6 - 8
Skid Row Families - Beyond Shelter	\$2,000,000	\$1,178,000	\$822,000		\$819,000		\$0	\$1,641,000	\$1,641,000	\$0
Transform Cold/Wet Weather Beds to Year-Round Shelter - Burke - LAHSA	\$1,000,000	\$1,000,000	\$0				\$0		\$0	\$0
Santa Monica Homeless/Community Court	\$540,000	\$0	\$540,000				\$0	\$527,741	\$540,000	\$12,259
Access to Housing for Health	\$1,500,000	\$0	\$1,500,000				\$0	\$1,500,000	\$1,500,000	\$0
Weingart Center Operations	\$900,000	\$900,000	\$0				\$0		\$0	\$0
Sub total	\$5,940,000	\$3,078,000	\$2,862,000		\$819,000		\$0	\$3,668,741	\$3,681,000	\$12,259
ONETIME FUNDING TOTAL	\$80,000,000	\$4,836,839	\$75,163,161		\$1,170,000		\$21,428,976	\$59,931,841	\$54,904,185	\$16,401,320

Skid Row Demonstration Project for Chronic Homeless – Project 50
Performance Counts! Performance Measures - DRAFT

Indicators

1. Number/percent of chronically homeless Project 50 participants who have accessed permanent, supportive housing.
2. Number/percent of Project 50 participants who have remained in permanent, supportive housing after 6 months.
3. Number/percent of participants receiving supportive services (by type).
 - mental health
 - health care
 - substance abuse treatment
4. Number/percent who continue to participate in mental health and substance abuse supportive service programs 6 months following initial engagement in those services.
5. Number/percent of Project 50 participants who are receiving income or other benefits for housing or basic life needs after 6 months (i.e., GR grant and/or rental subsidy, SSI/SSDI, Veteran benefits, Section 8).
6. Number/percent of Project 50 participants with increased income after 6 months (i.e., due to SSI/SSDI, GR, VA).
7. Number/percent of Project 50 participants having arrests in the last 6 months.
8. Number/percent of Project 50 participants having hospitalizations in the last 6 months.
9. Number/percent of Project 50 participants having an emergency room (ER) visit in the last 6 months.

Operational Measures

1. Number of Project 50 most vulnerable adults who were contacted in the quarter.
2. Number of participants who exited housing in the quarter (include reason for exit, destination at exit if known).
3. Number of participants developing individualized treatment plans in the quarter.
4. Number of participants participating in a housing retention group in the quarter.

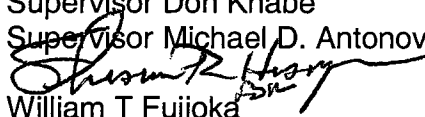


County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

August 20, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich
From: 
William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

EXECUTIVE SUMMARY

The Los Angeles Homeless Services Authority (LAHSA) Homeless Count determined that approximately 74,000 homeless people live in Los Angeles County. Research has demonstrated that a variety of socio-economic and psychosocial factors, as well as gaps in available housing and social services, has contributed to the crisis. In response to this crisis, on April 4, 2006, your Board made an unprecedented and compassionate investment toward addressing and preventing homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The attached HPI status report details the budget, achievements, challenges, and lessons learned from the continued implementation of the HPI projects over the past fiscal year.

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of the 20 programs included in the Los Angeles County HPI. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies and departments comprise the County HPI Team (Team). The Team meets monthly to ensure consistent communication and integration of services across County departments and to facilitate successful implementation of HPI programs serving the County's homeless population.

"To Enrich Lives Through Effective And Caring Service"

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During this reporting period, the CEO/Service Integration Branch (SIB) conducted a comprehensive review of HPI program activities and related outcomes. The purpose of this review was to attain a more simplified and standardized data collection process and reporting format. Moreover, a plan to show collective impact of HPI programs identified three common strategies and related outcomes: 1) housing/housing assistance leading participants to housing stability; 2) supportive social services improving participants' self sufficiency and health/well-being; and 3) service integration guiding systems change and cost savings. The HPI Quarterly Report Form will show the initiative's progress in moving participants towards greater housing stability, self-sufficiency and overall well-being. During the fall of 2008, a systems change survey will be conducted to better understand the impact of HPI on the network of housing and services for the homeless and at-risk populations. In addition, CEO/SIB will conduct cost-effectiveness studies to show expected cost savings from this investment.

In June 2008, 20 implemented HPI programs received a link to access the online report form, which requested information on program status from January 1 to June 30, 2008 and for Fiscal Year (FY) 2007-08. By gathering information about program progress, future planning efforts will improve and benefit from the lessons learned. As a result, identification of the most cost-effective and successful strategies could be expanded, as well as replicated, to decrease and prevent homelessness in other regional areas. The HPI Quarterly Report Form requested program data and information about each program's successes and challenges from each funded County Department. In reviewing the narrative section of this report, four common themes emerged in implementing strategies to decrease and prevent homelessness:

Develop and strengthen collaborative partnerships between County departments and community-based agencies to ensure a seamless and integrated service system.

Several HPI programs illustrated the benefit of collaboration among organizations, including Santa Monica Homeless Community Court (Court). During FY 2007-08, the Court assisted 85 program participants with taking steps towards improving their lives, and the Court dismissed citations or warrants for 39 Court clients upon program completion. Through the Court's partnership with Edelman Mental Health Center, the program eliminated barriers for clients to access pharmacies and psychiatric care. By integrating psychiatric services with clients' existing relationships with their case managers and mental health specialists, 40 percent (34) of all program participants received mental health services. Not only did many clients receive mental health services while enrolled in the program, but the Court also transferred several clients to long-term mental health care at Edelman Mental Health Center (MHC) or other DMH facilities.

In serving clients with multiple needs, collaborating with other agencies can increase access to additional specialized services. As of June 30, 2008, the Skid Row Families Demonstration Project had relocated 192 families from Skid Row to permanent housing. Approximately 60 families have either refused mental health treatment and/or referrals for

interventions, and this presents a challenge in facilitating successful relocation of families into permanent housing. Currently, the demonstration project is focusing on a more structured relationship with DMH to provide additional support to case managers working with families once they are placed into permanent housing.

Support processes that promote information sharing between service providers to better meet clients' housing and service needs.

The information sharing process among service providers can contribute to team building and result in more effectively meeting clients' needs. During the first six months of 2008, Project 50 moved 35 of the most vulnerable chronic homeless individuals on Skid Row into permanent housing. Led by the CEO and DPH, a multidisciplinary team of five County departments, Skid Row Housing Trust with assistance from our consultant Common Ground, and LAHSA, designed procedures and protocols to locate Project 50 participants, guide integrated case management, and build client relationships. Members of the Integrated Supportive Services Team (ISST) work together with each client to identify and take necessary steps to complete housing applications and coordinate comprehensive services. The innovative approach has removed barriers in reaching this chronic homeless population. As a result of Project 50, a new client-centered system has been developed to assist the most vulnerable, chronic homeless individuals in attaining permanent housing.

During FY 2007-08, a total of 2,034 participants received permanent housing from County programs. To increase the number and location of affordable rental unit listings, several programs provided area landlords with information about renting to at-risk populations. In the past year, the Los Angeles County Housing Resource Center (LACHRC) reported that over 1.4 million housing searches were conducted on their website. Through use of the website, \$18,000 in cost savings has been estimated due to the accelerated lease-up of vacant Section 8 units from three months to a few days. In addition, 3,277 landlords have registered properties on the website, and LACHRC is expanding its marketing efforts to landlords. Similarly, DMH's Housing Specialists program conducts outreach and education with landlords to increase housing options for the homeless and at-risk population. Furthermore, the Santa Monica Homeless Community Court works to encourage landlord participation by working with partners to expedite the housing application process.

Expand outreach and education of specialized supportive services and housing to more homeless and at-risk individuals and families.

Conducting outreach and enrollment for eligible homeless and at-risk participants poses unique challenges. HPI programs utilize innovative outreach strategies to locate and engage potential clients and partners about the benefits of participation. To identify new participants, the DHS Access to Housing for Health (AHH) program conducts outreach by holding in-service trainings at various shelters, attending weekly meetings at DHS hospitals, and connecting with the JWCH, Inc. Recuperative Care program. As a result of these

efforts, four families and 39 individuals were placed into permanent housing over the past fiscal year. Twelve individuals have reached their one year anniversary in permanent housing since enrolling in AHH. Their inpatient hospitalizations and ER visits have decreased by 95 and 87 percent, respectively.

From January through June 2008, DMH staff from the Co-Occurring Disorders Court (CODC) program attended several Public Defender staff meetings to inform them about program requirements and benefits. These outreach efforts, along with broadening criteria to allow more homeless dually diagnosed adult defendants, have increased referrals and enrollments into this program. During FY 2007-08, 47 individuals received permanent housing placement. While the program only enrolled 17 percent of 289 individuals who were referred due to a lack of quality referrals, CODC is working to maintain full enrollment capacity by directly outreaching to attorneys. To increase the number of referrals from attorneys, program staff will be partnering with the court located Sheriff's deputies to identify individuals who are housed in correctional facility mental health housing. By identifying individuals suffering from mental illness, CODC staff will approach attorneys proactively and discuss the possibility of a treatment program and its potential benefits for their clients.

Leverage funding to maximize available resources and provide greater access to housing and services for homeless and at-risk individuals and families.

With extensive housing and service needs of the homeless population in the County, bringing together resources will maximize the effectiveness of various service delivery strategies. For instance, the Los Angeles County Housing Resource Center (LACHRC) successfully leveraged a total of \$382,000 of HPI and CDC funding with approximately \$240,000 from Kaiser Foundation Hospitals. The additional funding will be used to develop an on-line registration system for recuperative care beds in Skid Row and Bell Shelter. As a result, the registration system will improve access to beds for homeless individuals in need of recuperative care.

The Request for Proposals (RFP) process for the City and Community Capital Program (CCP) has allocated \$32 million for community-based organizations that plan to collaborate and leverage resources for the homeless and at-risk population. A total of 21 programs will be expanding coordination of services with other community-based agencies. The CCP program will enhance systems building within communities and better coordinate services for the homeless population.

During FY 2007-08, the HPI touched the lives of 10,397 individuals and 5,950 families. The housing and supportive services that they received are highlighted below and shown in the following table. Over half of the participants who received permanent housing and housing assistance were families. In addition to services received, HPI reduced the need for more costly County services. As reflected in data from the AHH program, participants one year post enrollment had a 95 percent reduction in hospitalizations and an 87 percent reduction in emergency room visits. Moreover, youth who participated in Probation's moving

assistance program had a recidivism rate of 10 percent compared to Probation's overall rate of 30 percent.

Executive Summary Table of HPI ¹ - FY 2007-08		
Housing/housing assistance provided by participant category:	Number	Percent
Number received permanent housing (includes permanent supportive housing):		
Homeless and At-risk Families	1,343	66%
Transition Age Youth	377	18%
Homeless Individuals	181	9%
Chronic Homeless Individuals	133	7%
Number received emergency/transitional housing:		
Homeless and At-risk Families	436	26%
Transition Age Youth	165	10%
Homeless Individuals	977	58%
Chronic Homeless Individuals	110	6%
Number received moving assistance, rental subsidies, and/or eviction prevention ² :		
Homeless and At-risk Families	4,131	54%
Transition Age Youth	671	9%
Homeless Individuals	2,659	35%
Chronic Homeless Individuals	153	2%
Ranking of most common benefits and services participants received (<i>complete listing on p.10-11</i>):		
Number received income or other benefits for housing or basic life needs:		
General Relief (Food Stamps and GR only)	2,009	75%
Section 8 and Shelter Plus Care	129	6%
Medi-Cal/Medicare	74	2%
SSI/SSDI	48	2%
Number received supportive health and human services:		
Case management	2,257	46%
Life skills	676	14%
Transportation	615	13%
Food vouchers	414	8%
Health care	183	4%
Mental health care	142	3%
Amount of funding released to cities and communities to develop housing and enhanced supportive services.	\$72,909,223	

¹ Numbers include Housing Locators and Housing Specialists programs funded by DPSS and DMH respectively.

² Participants may receive more than one service.

One of over 10,000 individuals touched by HPI reflects the sentiment of many, "I would like to thank you all for having given me another chance to get myself and my life back together."

– Co-Occurring Disorder Court Program participant

Recommendations

During FY 2007-08, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we hope to continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live. The lessons learned make it clear that:

- More linkages between various supportive services, as well as housing, is critical to create self sustainability for the homeless;
- Greater availability of affordable and subsidized housing would move more homeless residents into safe housing;
- Information sharing and improved data collection would enable more learning about clients' needs and program progress; and
- Opportunities for joint problem solving among partners would build on existing strategies and overcome service delivery barriers.

The CEO will continue to develop public private partnerships with cities and communities throughout the County to create regional solutions to address and end homelessness. To illustrate, in December 2007, we received approval from your Board to change the name of the HPI Stabilization Centers to Homeless Services/Centers. This action redefines the use of the funding to implement programs and services across the County that may have been part of the former Stabilization Center model and more effectively responds to the unique homeless service needs of communities across the region.

In summary, to ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County Departments, LAHSA, CDC, and the City of Los Angeles to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. These monthly meetings are chaired by Deputy Chief Executive Officer, Miguel Santana and his staff. Each of these efforts and your Board's continued investment will ensure that the homeless crisis throughout Los Angeles is successfully addressed.

Attachments A and B follow this executive summary:

- HPI Status Report (Attachment A): The FY 2007-08 HPI status report includes information on program participants, services provided, and associated outcomes.
- Index of Programs (Attachment B): A table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included along with a description of successes, challenges, action plans, and client success stories.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts. If you have any questions, please contact me or your staff may contact Garrison Smith at (213) 974-4673, or via e-mail at gsmith@ceo.lacounty.gov.

WTF:MS:KH
GS:VKD:an

Attachments (2)

- c: Sheriff's Department
 - Department of Children and Family Services
 - Department of Community Development Commission
 - Department of Health Services
 - Department of Mental Health
 - Probation Department
 - Department of Public Defender
 - Department of Public Health
 - Department of Public Social Services
 - City of Santa Monica
 - Los Angeles Homeless Services Authority
 - Public Counsel
 - Skid Row Housing Trust

HOMELESS PREVENTION INITIATIVE (HPI) STATUS REPORT – FY 2007-08

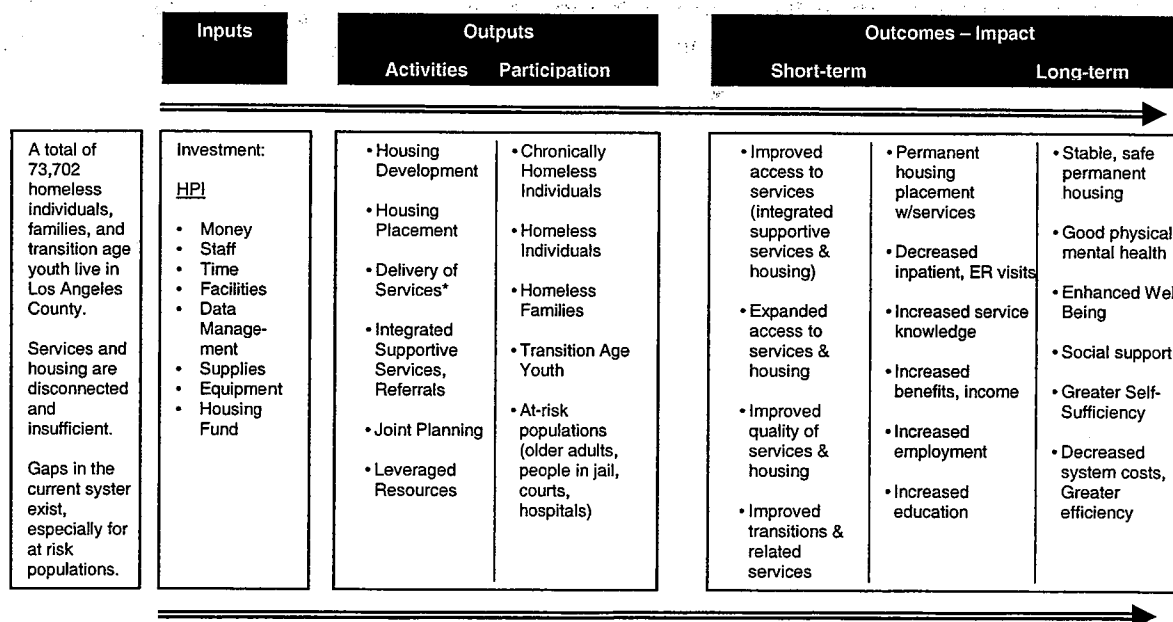
I. INTRODUCTION

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of the 20 programs included in the Los Angeles County Homeless Prevention Initiative (HPI) during January-June of FY 2007-08. During the previous reporting period, 11 programs had been implemented. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies and departments comprise the County HPI Team (Team). The Team meets monthly to ensure consistent communication and integration of services across County departments and to facilitate successful implementation of HPI programs serving the County's homeless population.

The ultimate goal of HPI is to help individuals and families achieve housing stability and greater self-sufficiency. As the HPI Logic Model below shows, the HPI investment is expected to enhance coordination of various housing and supportive services for the homeless and at-risk population. As a result, more individuals and families will have access to integrated services.

Homeless Prevention Initiative (HPI) Logic Model

Goal: As individuals and families achieve housing stability and optimal health, social, and economic outcomes, they will transition into society more empowered and self-sufficient.



*Outreach, case management, benefits, health care, substance abuse treatment, mental health care, mentoring, transportation, child care, etc.

II. PARTICIPANTS

During FY 2007-08, 18 of 20 implemented HPI programs³ directly served the homeless and at-risk homeless population in County. While several programs served more than one homeless population, the majority of participants in each program corresponded to one of five categories: homeless individuals (seven programs), chronic homeless individuals (four programs), transition age youth (two programs), homeless families (three programs), and at-risk families (two programs). A summary table of all HPI programs is on page 15 (Appendix B).

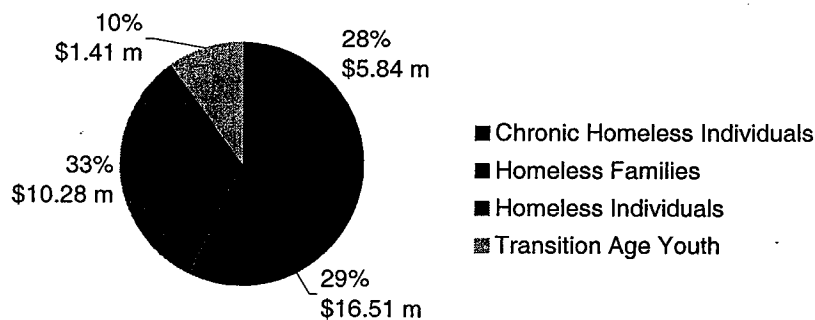
Over the past year, Table 1 shows HPI touched the lives of 10,397 individuals and 5,950 families.⁴ Fifty-five percent were homeless individuals, 37 percent were families, seven percent were transition age youth, and one percent was chronic homeless. Twenty-four percent of the total homeless population lives in families,⁵ and they made up 37 percent of all HPI participants. Of these HPI families, 58 percent were homeless, and 42 percent were at-risk of becoming homeless. While approximately one-third of the homeless in the County are chronically homeless,⁶ these individuals made up one percent of all HPI participants.

Table 1: Number of Contacts by Participant Category

	Jan-June 2008	FY 2007-08	
Homeless Individuals	4,108	9,042	55%
Chronic Homeless Individuals	154	234	1%
Transition Age Youth	673	1,121	7%
Total for Individuals	4,935	10,397	63%
Homeless Families	1,760	3,463	21%
At-Risk Homeless Families	1,294	2,487	16%
Total for Families	3,054	5,950	37%
Total	7,989	16,347	100%

Total FY 2007-08 expected actual expenditures for these 18 HPI programs was \$13,923,623. Often requiring more intensive services, chronic homeless individuals received 28 percent of FY 2007-08 estimated actual expenditures. Chart A also shows 33 percent of expenditures were allocated for homeless individuals, followed by 29 percent for families, and 10 percent for transition age youth.

Chart A: FY 2007-08 Estimated Actual Expenditures



³ Housing Locators and Housing Specialists programs are included, but these programs are funded by CalWORKs Single Allocation and DMH Mental Health Services Act (MHSA) respectively.

⁴ Note most programs provided an unduplicated participant number; however, four programs included a duplicated participant count. Housing Locators/Housing Specialists are included in total participant count, however not in HPI funding.

⁵ LAHSA 2007 Greater Los Angeles Homeless Count.

⁶ Ibid.

Participant Characteristics

With the new reporting format for HPI, eight programs provided demographic information for program participants. Demographic information for FY 2007-08 included gender, age, and race/ethnicity of participants. The next quarterly report will include demographic information from participants of additional and newly implemented HPI programs.

Gender

While the majority of the homeless population in Los Angeles County consists of adult men,⁷ of the 1,105 participants whose gender was provided, 60 percent (909) were female, 40 percent (604) were male, and two were transgender.

Age

Compared to an average age of 45 years for homeless individuals in the County, the HPI population includes a greater proportion of children and youth. While children less than 18 years of age make up about 15 percent of the total homeless population, of HPI participants whose age was provided, 53 percent were children less than 15 years of age. Twenty-four percent of participants were between the ages of 25-49, followed by 16 percent between 16-24 years and seven percent 50 years of age and older.

Chart 1: Age of HPI Participants (n=1,949)

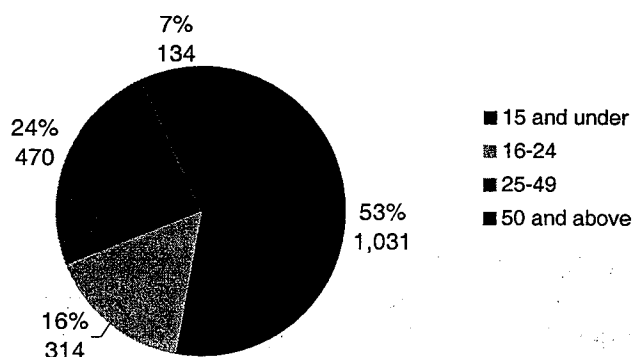
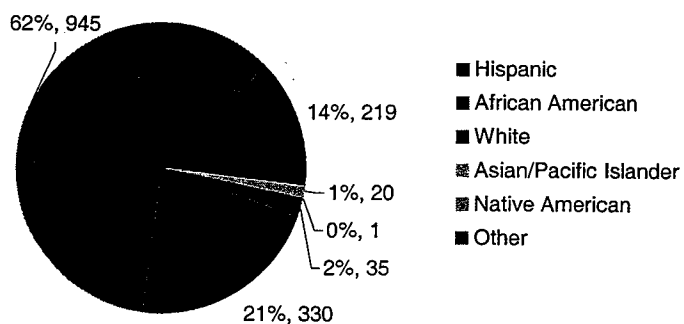


Chart 2: Race/Ethnicity of HPI Participants (n=1,550)



Race/Ethnicity

Sixty-two percent of HPI participants were African American, which is a slightly greater proportion than that of the total homeless population. Twenty-one percent of HPI participants were Hispanic, and 14 percent were Caucasian, both groups slightly less represented in comparison to the total homeless population. The remaining three percent included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

⁷ LAHSA 2007 Greater Los Angeles Homeless Count.

III. HPI SERVICE COMPONENTS

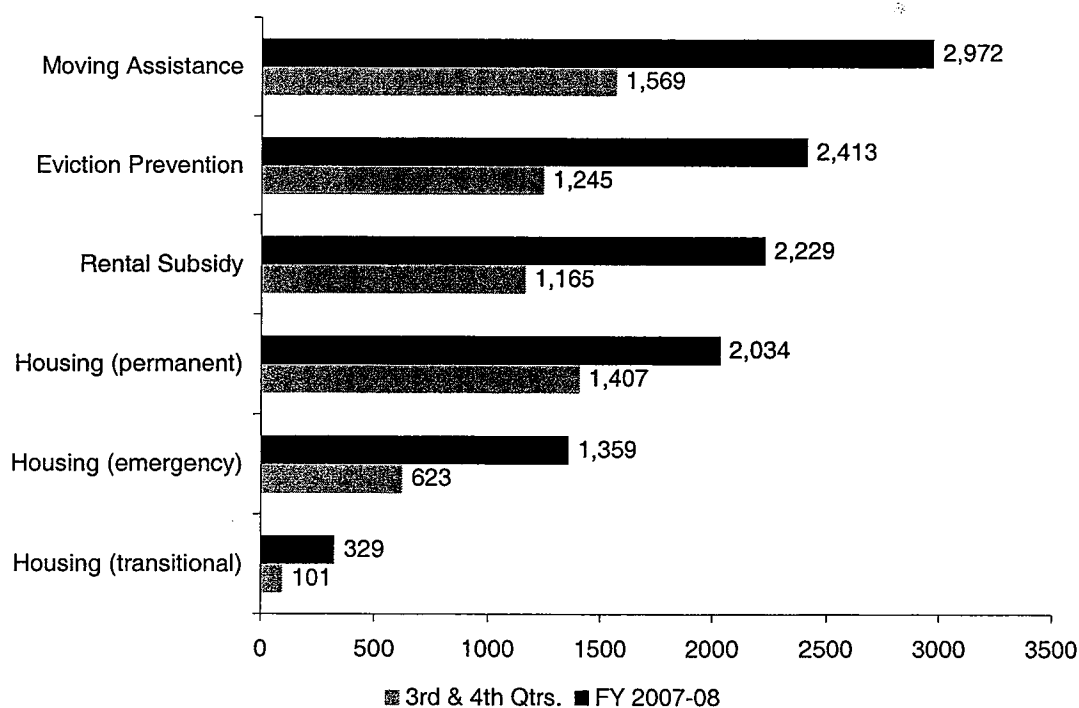
During FY 2007-08, HPI provided participants with services in four core areas: 1) Housing/Housing Assistance, 2) Employment/Education, 3) Benefits Advocacy and Enrollment, and 4) Supportive Services. Programs were requested to provide information on services that were directly provided to clients. Referrals for services were to be included, if follow-up was made to verify participants received services.

Housing/Housing Assistance

Seventeen programs provided housing assistance through moving assistance, eviction prevention, and rental subsidies. During the past year, a total of 7,614 participants received housing assistance to secure permanent housing. Table 2 shows 54 percent of participants who obtained housing assistance were families, 37 percent were individuals, and nine percent were transition age youth. In addition, 2,034 participants received permanent housing with 66 percent being families, 18 percent transition age youth, and 16 percent individuals. Chart 3 shows the total number of participants who received housing assistance and housing.

Table 2: FY 2007-08	Housing Assistance		Emergency/ Transitional		Permanent Housing	
Homeless Individuals	2,659	35%	977	58%	181	9%
Chronic Homeless Individuals	153	2%	110	6%	133	7%
Transition Age Youth	671	9%	165	10%	377	18%
Homeless & At-risk Families	4,131	54%	436	26%	1,343	66%
Total	7,614	100%	1,688	100%	2,034	100%

Chart 3: HPI Participants Receiving Housing/Housing Assistance



The HPI Report Form requested additional information on transitional/emergency housing. Nine programs placed participants into transitional or emergency housing, and five programs placed 271 participants into permanent housing upon exiting transitional or emergency housing. Participants in these five programs spent an average of 77 days in temporary housing prior to permanent housing. Participant's stay in temporary housing ranged from 4-196 days.

Employment/Education Services and Support

During FY 2007-08, four HPI programs reported a total of 75 program participants received job and/or education related supports (Table 3). These programs served transition age youth, chronic homeless individuals and families on Skid Row, and participants with co-occurring disorders. Fifty-nine percent of these participants received job training, referrals, or related resources. Due to the new reporting format, data collection for job and education related services may show fewer linkages than actually occurred. Knowing that 90 percent of the homeless in Los Angeles are unemployed,⁸ providing them with the support to overcome barriers in obtaining and maintaining employment will assist them in attaining greater self-sufficiency.

Table 3: Jobs/Education	Quarter (January – June 2008)	FY 2007-08
Job training/referrals/resources	31	44
Education (course, class, books)	18	21
Job placement (employment)	6	10
Total number of services provided:	55	75

Benefits Advocacy and Enrollment Assistance

For participants who entered programs in need of specific public benefits, six HPI programs reported enrolling homeless individuals and families. These programs served homeless individuals and the chronically homeless. Table 4 shows that during FY 2007-08, 2,009 homeless individuals were enrolled into General Relief, which consisted of 75 percent of all benefit enrollments. Six percent (129) of participants received Section 8 and Shelter Plus Care to secure permanent housing. Five percent (122) of participants were enrolled into Medi-Cal/Medicare or Supplemental Security/Disability Income (SSI/SSDI).

Table 4: Benefits	Quarter (January – June 2008)	FY 2007-08
General Relief (& Food Stamps)	678	1,755
General Relief only	145	254
Section 8	43	96
Medi-Cal or Medicare	41	74
SSI/SSDI	29	48
Food Stamps only	17	40
Shelter Plus Care	33	33
CalWORKs	15	28
Veterans	1	1
Total number of benefits provided:	1,002	2,329

⁸ Bring L.A. Home: The Campaign to End Homelessness; LAHSA 2005 Homeless Count.

Supportive Health and Human Services

Seven programs provided or connected 4,880 participants to a range of supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 5 shows during FY 2007-08, 46 percent (2,257) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 14 percent (676) acquired life skills, 13 percent (615) received transportation, and eight percent (414) obtained food vouchers.

It is possible that other programs linked participants to these services. Additional data collection and reporting of supportive services could show that more individuals and families are receiving such services, especially those with multiple needs. Knowing that 74 percent of the homeless population have a physical or mental disability, depression, alcohol or drug use, or chronic health problems,⁹ linking these individuals and families with health care, mental health care, and substance abuse treatment is critical.

Eight programs provided case management services, and five programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.¹⁰ Hours provided to each participant per month ranged from 1-600 hours (average of 90 hours) with an average caseload of 23 cases per case manager.

Table 5: Supportive Services	Quarter (January – June 2008)	FY 2007-08
Case management	1,287	2,257
Life skills	461	676
Transportation	311	615
Food vouchers	238	414
Alternative court	232	286
Health care	120	183
Mental health care	103	142
Substance abuse treatment (outpatient)	69	89
Clothing/hygiene	47	80
Social/community activity	48	51
Recuperative care	45	45
Substance abuse treatment (residential)	14	22
Legal services	15	15
Detox	5	5
Total number of services provided to participants:	2,995	4,880

⁹ LAHSA 2007 Greater Los Angeles Homeless Count.

¹⁰ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

IV. LONGER-TERM OUTCOMES

The HPI Report Form requested for programs to report on three outcome areas for participants receiving services for six months or longer. The three outcome areas were: 1) housing stability, 2) education and employment status, and 3) health and well-being. Four programs reported on housing stability and education/employment status, and two of these programs that served chronic homeless individuals reported on participants' health and well-being. As additional programs follow up with clients in the future, more information on longer-term outcomes may be collected. By following up and collecting data on participants, a better understanding of the impact of HPI on achieving housing stability and overall well-being could be gained. Table 6 shows participant outcomes for four programs in each of the three outcome categories. Highlights of these outcomes include:

- **Housing Stability:** A total of 271 participants continued to live in permanent housing and/or receive rental subsidy.
- **Employment/Education:** A total of 114 participants maintained employment and 47 became employed.
- **Health and Well-Being:** Of participants continuing to receive services for six months or more, 37 reunited with their families, 80 continued to receive case management, and 98 continued to receive health care.

Table 6: Outcome Category	FY 2007-08
Housing Stability	
Continuing to Live in Housing (permanent)	168
Receiving Rental Subsidy	103
Employment/Education Status	
Obtained employment	47
Maintained employment	114
Enrolled in educational program, school	30
Received high school diploma/GED	1
Health and Well-Being (for participants continuing services)	
Case management	80
Health care/medical	98
• Good or improved physical health status	66
Mental health/counseling	49
• Good or improved mental health status	37
Substance abuse treatment (outpatient)	39
Substance abuse treatment (residential)	3
• No drug use	15
Reunited with family	37

V. QUALITATIVE INFORMATION (NARRATIVE)

Program Successes, Challenges, and Action Plans

The HPI Report Form requested information from County Departments about each program's successes, challenges, and action plans for FY 2007-08. As discussed in the executive summary, a review of the narrative section of this report identified four common themes in implementing strategies to decrease and prevent homelessness. The complete narrative section of each program is included in Attachment B, and a more detailed discussion can be found in the executive summary of this report. Specific examples on collaborative partnerships, innovative processes, outreach strategies, and leveraging funds are highlighted:

Develop and strengthen collaborative partnerships between County departments and community-based agencies to ensure a seamless and integrated service system.

- The Santa Monica Homeless Community Court assisted 85 program participants with taking steps towards improving their lives, and the Court dismissed citations or warrants for 39 Court clients upon program completion. Through the Court's partnership with Edelman Mental Health Center, the program eliminated barriers for clients to access pharmacies and psychiatric care.
- As of June 30, 2008, the Skid Row Families Demonstration Project had relocated 192 families from Skid Row to permanent housing. Approximately 60 families have either refused mental health treatment and/or referrals for interventions, and this presents a challenge in facilitating successful relocation of families into permanent housing. Currently, the demonstration project is focusing on a more structured relationship with DMH to provide additional support to case managers working with families once they are placed into permanent housing.

Support processes that promote information sharing between service providers to better meet clients' housing and service needs.

- During the first six months of 2008, Project 50 moved 35 of the most vulnerable chronic homeless from Skid Row into permanent housing. Led by the CEO and DPH, a multidisciplinary team of five County departments, Skid Row Housing Trust with assistance from our consultant Common Ground, and LAHSA designed procedures and protocols to locate Project 50 participants, guide integrated case management, and build client relationships. Members of the Integrated Supportive Services Team (ISST) work together with each client to identify and take necessary steps to complete housing applications and coordinate comprehensive services for clients. The innovative approach has removed barriers in reaching this chronically homeless population. As a result of Project 50, a new client-centered system has been developed to assist the most vulnerable, chronic homeless individuals in attaining permanent housing.
- Over the past year, the Los Angeles County Housing Resource Center (LACHRC) reported over 1.4 million housing searches were conducted on this website as well as an estimated \$18,000 in cost savings due to the accelerated lease-up of vacant Section 8 units from three months to a few days. In addition, 3,277 landlords have registered properties on the website, and LACHRC is expanding its marketing efforts to landlords.

- Similarly, DMH's Housing Specialists program conducts outreach and education with landlords to increase housing options for the homeless and at-risk population. In addition, the Santa Monica Homeless Community Court works to encourage landlord participation by working with partners to expedite the housing application process.

Expand outreach and education efforts to provide specialized supportive services and housing to more homeless and at-risk individuals and families.

- To identify new participants, the DHS Access to Housing for Health (AHH) program conducts outreach by holding in-service trainings at various shelters, attending weekly meetings at DHS hospitals, and connecting with the JWCH Recuperative Care program. As a result of these efforts, four families and 39 individuals were placed into permanent housing over the past fiscal year. Twelve individuals have reached their one year anniversary in permanent housing since enrolling in AHH. Their inpatient hospitalizations and ER visits have decreased by 95 and 87 percent, respectively.
- From January through June 2008, DMH staff from the Co-Occurring Disorders Court (CODC) program attended several Public Defender staff meetings to inform them about program requirements and benefits. While the program only enrolled 17 percent of 289 individuals who were referred due to a lack of quality referrals, CODC is working to maintain full enrollment capacity by directly outreaching to attorneys. To increase the number of referrals from attorneys, program staff will be partnering with court located Sheriff's deputies to identify individuals who are housed in correctional facility mental health housing. By identifying individuals suffering from mental illness, CODC staff will approach attorneys proactively and discuss the possibility of a treatment program and its potential benefits for their clients.

Leverage funding to expand access to housing and services for more homeless and at-risk individuals and families.

- With extensive housing and service needs of the homeless population in the County, bringing together resources will maximize the effectiveness of various service delivery strategies. For instance, the Los Angeles County Housing Resource Center (LACHRC) successfully leveraged a total of \$382,000 of HPI and CDC funding with approximately \$240,000 from the Kaiser Foundation Hospitals. The additional funding will be used to develop an on-line registration system for recuperative care beds in Skid Row and Bell Shelter.
- The RFP process for the City and Community Capital Program (CCP) has allocated \$32 million for community-based organizations that plan to collaborate and leverage resources for the homeless and at-risk population. A total of 21 programs will be expanding coordination of services with other community-based agencies. The CCP program will enhance systems building within communities and better coordinate services for the homeless population.

Client Success Stories

Client success stories were also requested from each program. All stories are organized by program in Attachment B. The stories illustrate the impact HPI has made on many lives, as shown through the words of participants and providers.

"I would like to thank you all for having given me another chance to get myself and my life back together."
– Co-Occurring Disorder Court Program participant

Edward was usually found intoxicated, unable to control body functions, and in the halls. Living at the hotel, he was at risk. Through relationships with the program's team, especially with the Chemical Dependency counselor, he entered detox. One time, Edward disappeared and returned several days later to complete the treatment, and then returned home sober. He started new medication and lost his desire to get intoxicated. Although he experienced 2-3 short relapses, Edward is now an inspiration to others, showing off his new prescription glasses and says he can now see well for the first time in years.
– Project 50 provider

One of the Probation's Transition to Permanency (TPP) Project's first clients was referred by his Probation Officer, who heard about the program through the outreach efforts of the housing projects coordinators. He moved into his apartment on June 30, 2007 and maintained residence for a complete year. While he was in the program, he received rental assistance, maintained a job, and successfully provided housing for his 5 month-old daughter and her mother. He has earned his GED and worked a few jobs since receiving housing through TPP. Currently, he has been working for the Aquarium of the Pacific since October of 2007 and maintains his housing without further assistance.
–TPP provider

VI. RECOMMENDATIONS

During FY 2007-08, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we hope to continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live. The lessons learned make it clear that:

- More linkages between various supportive services as well as housing is critical to create self sustainability for the homeless;
- Greater availability of affordable and subsidized housing would move more homeless residents into safe housing;
- Information sharing and improved data collection would enable more learning about clients' needs and program progress; and
- Opportunities for joint problem solving among partners would build on existing strategies and overcome service delivery barriers.

In summary, the CEO will continue to develop public private partnerships with cities and communities throughout the County to create regional solutions to address and end homelessness. To ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County Departments, LAHSA, CDC, and the City of Los Angeles to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. These monthly meetings are chaired by Deputy Chief Executive Officer, Miguel Santana and his staff. Each of these efforts and your Board's continued investment will ensure that the initiative to end the homeless crisis throughout Los Angeles is successful.

Homeless Prevention Initiative (HPI) Programs

Program	FY 2007-08 Indicator	Target	Funding	Budget
I. Families				
1. Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	2,408 families receive eviction prevention to prevent homelessness.	2,079	One-Time	\$3,300,000
2. Moving Assistance for CalWORKs and Non-CalWORKs Homeless Families	1,486 families received moving assistance and permanent housing.	1,305 450	One-Time	\$2,400,000
3. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	79 families received rental subsidies to prevent homelessness.	1,475	One-Time	\$500,000
4. Housing Locators	363 families placed into permanent housing.	n/a	DPSS	\$3,000,000
5. Skid Row Families Demonstration Project	123 families have been placed into permanent housing.	300	Board Approved	\$9,212,000
II. Transition Age Youth				
6. Moving Assistance/Rental Subsidies for TAY – DCFS	196 TAY received rental subsidies.	335 3yr	One-Time	\$1,750,000
7. Moving Assistance/Rental Subsidies for TAY – Probation	203 TAY received rental subsidies. 10% recidivism rate (compare to 30%)	335 3yr	One-Time	\$1,750,000
III. Individuals				
8. Access to Housing for Health (AHH)	43 clients placed into permanent housing. 95% decrease in hospitalizations; 87% in ER visits.	115 cap	Board Approved	\$1,500,000
9. Co-Occurring Disorders Court	47 participants placed into permanent housing.	n/a	Ongoing HPI	\$200,000
10. DPSS General Relief Housing Subsidy & Case Management Project	1,535 homeless GR participants received rental subsidies.	900 time	Ongoing HPI	\$4,052,000
11. DPSS-DHS Homeless Release Project	240 potentially homeless individuals received benefits.	n/a	Ongoing HPI	\$588,000
12. DPSS-Sheriff's Homeless Release Project	1,760 individuals received benefits.	n/a	Ongoing HPI	\$748,000
13. Homeless Recuperative Care Beds (DHS)	42 patients admitted to recuperative care beds.	490/2yr	One-Time	\$2,489,000
14. Housing Specialists (most clients are individuals)	93 placed into permanent housing.	n/a	DMH MHSA	\$923,000
15. Los Angeles County Homeless Court Program	126 individuals with citations or warrants dismissed.	n/a	Ongoing HPI	\$379,000
16. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	63 single adults received moving assistance to prevent homelessness.	until 2,000	One-Time	\$1,100,000
17. Project 50	35 chronic homeless individuals placed into permanent housing.	50	One-Time	\$3,600,000
18. Santa Monica Homeless Community Court	39 individuals with citations or warrants dismissed.	90	Board Approved	\$540,000
IV. Multiple Populations				
19. Los Angeles County Housing Resource Center	Over 1.4 million housing searches conducted in first year.	n/a	Ongoing HPI	\$202,000
20. Pre-Development Revolving Loan Fund	7 potential projects to be funded with the LACHIF	n/a	One-Time	\$20,000,000

Homeless Prevention Initiative (HPI) Programs

Program to be Implemented	FY 2007-08 Indicator	Target	Funding	Budget
City and Community Programs (CDC)	\$11.6 m capital development/housing units \$20.6 m City Community Programs	Individuals, Families	One-Time	\$32,000,000
Jail In-Reach Program	-	Individuals 400/2 yr	One-Time	\$1,500,000
Long Beach Veterans	-	250 Individuals	Ongoing HPI	\$500,000
SSI and Other Benefits Advocacy Program	-	Individuals	One-Time	-
Total				\$92,233,000

City and Community Program (CCP) Funds	Service (\$)	Capital (\$)
A Community of Friends – Permanent Supportive Housing Program	\$1,800,000	
Beyond Shelter Housing Dev. Corp. – Mason Court Apartments		\$680,872
Catalyst Foundation for AIDS Awareness and Care – Expansional Supportive Services Antelope Valley	1,800,000	
Century Villages at Cabrillo, Inc. – Family Shelter EHAP I & II		1,900,000
City of Pasadena – Nehemiah Court Apartments	102,685	858,587
City of Pomona – Community Engagement & Regional Capacity Building	913,975	
City of Pomona – Integrated Housing & Outreach Program	1,239,276	
CLARE Foundation, Inc. – 844 Pico Blvd., Women's Recovery Center		2,050,000
Cloudbreak Compton LLC – Compton Vets Services Center	322,493	1,381,086
Homes for Life Foundation – HFL Vanowen	369,155	369,155
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley	900,000	
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Long Beach	1,340,047	
Ocean Park Community Center (OPCC) – HEARTH	1,200,000	
Skid Row Housing Trust – Skid Row Collaborative 2 (SRC2)	1,800,000	
So. California Housing Development Corp. of L.A. – 105 th and Normandie	200,000	600,000
So. California Alcohol & Drug Programs, Inc. – Homeless Co-Occurring Disorders Program	1,679,472	
Special Services for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program	1,800,000	
The Salvation Army – Bell Shelter Step Up Program		500,000
Union Rescue Mission – Hope Gardens Family Center	756,580	646,489
	1,096,930	
Volunteers of America of Los Angeles – Strengthening Families	1,000,000	
Women's and Children's Crisis Shelter	300,000	
Total for Service and Capital	\$18,620,613	\$8,986,189
Grand Total for CCP	\$27,606,802	

For this status report, unless specified: Quarter refers to January – March 2008 and April – June 2008. Fiscal Year refers to July 1, 2007 – June 30, 2008.

I. PROGRAMS FOR FAMILIES

1, 2, and 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

	Original	FY 2007-08	FY 2008-09	Total
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	\$1,300,000	\$400,000	\$1,600,000	\$3,300,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000	-	\$1,100,000	\$2,400,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$500,000	-	-	\$500,000

**Table A.1: DPSS Services for Families by Program
FY 2007-08**

Program (unduplicated count)	Quarters	Fiscal Year
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,242 received eviction prevention.	2,408 received eviction prevention.
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	780 received moving assistance and permanent housing.	1,486 received moving assistance and permanent housing.
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	52 received rental subsidies for permanent housing.	79 received rental subsidies for permanent housing.

**Table A.2: DPSS Measures by Program
FY 2007-08**

Program (unduplicated count)	Number of applications received		Number of applications approved		Average amount of grant	
	Qtr	FY	Qtr	FY	Qtr	FY
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,854	3,660	1,242	2,408	\$568	\$589
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	1,189	2,291	780	1,486	\$623	\$629
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	52	81	52	79	\$340	\$150

For the quarters and fiscal year, programs reported an average of three business days to approve an application.

1) Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families

Successes: From the total number (780) of families receiving MA benefits for the reported quarter, a total of five families received assistance through MA for Non-CalWORKs families. From the total (1,486),

number of families receiving MA benefits for the reported FY, a total of six families received MA for non-CalWORKs families. An increase in referrals during the last two quarters was due to a community information drive and visits to emergency/transitional shelters by the outreach team.

Challenges: Upon implementation, DPSS projected 450 non-CW families would be served by the MA for Non-CalWORKs Program; for the reported FY, only six families have received assistance through the program. According to feedback received from the shelters, the program is not being utilized, due to families not meeting the eligibility criteria, such as income limits. Additionally, some families are undocumented and do not want to jeopardize their ability to obtain legal residency/citizenship. The number of families is low, because the vast majority of homeless families receive CalWORKs. The requirement that requestors must be exiting emergency/transitional shelters to be eligible is a major barrier.

Action Plan: Since the funding approved for CalWORKs and non-CalWORKs families is combined, this low utilization by non-CalWORKs families will enable the approved funding to serve more CalWORKs families. Elimination of the requirement that requestors must be exiting emergency/transitional shelters has been proposed.

Client Success Story: Mr. X had been separated from his family due to homelessness. Mr. X was connected with services provided by DPSS, through one of the Homeless Fairs. With the assistance of the Homeless Case Manager (HCM) GAIN Services Supervisor (GSS), the family found permanent housing, received MA for Non-CalWORKs families, and reunited and moved into their new home. Mr. X is very grateful for the assistance he received.

2) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families

Successes: Out of the total number (52) for the reported quarter, one family received assistance through the 12-Month Rental Subsidy Program. Out of the total amount (79), for the reported FY, one family received assistance through the 12-Month Rental Subsidy Program.

Challenges: Upon implementation, DPSS projected the subsidy would benefit 1,475 families. A total of 79 families have benefited from this program for the reported FY and 52 for the reported quarter. Based on the feedback from the families, shelter agencies, and HCMs, the families are choosing to apply for Section 8, instead of the 12-Month Rental Subsidy.

Action Plan: The maximum subsidy amount has been increased from \$300 to \$500. Through the increase, it is anticipated that more families will be able to benefit from the program. Additionally, undocumented families do not want to apply for any benefits, because they do not want to impact their opportunity for legal residency and/or citizenship.

Client Success Story: Through a Homeless Fair, Mr. X was connected with DPSS Housing Program Services. Through the assistance of the HCM GSS, Mr. X was able to locate and attain permanent housing for his family. The family was eligible to receive assistance through the 12-Month Rental Subsidy Program. Mr. X is very grateful for the services provided by DPSS.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: The program has successfully assisted a total of 2,408 families who were at risk of homelessness to retain permanent housing and maintain their utility services. This means fewer families on the streets of our County and less families going without the basic utility service needs such as electricity, gas, etc.

Client Success Story: Ms. X fell on to hard times after she lost her job. She was served with an eviction letter, due to not being able to pay her monthly rent due. With the help of the EAPE, Ms. X was able to retain permanent housing for herself and her children.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$ 3 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures

FY 2007-08

(unduplicated count)	Quarters	Fiscal Year
Homeless Families	558	1,214
Housing (permanent)	174	363
Number of referrals to Program	558	1,214
Average time to place family (days)	120-180	120-180

Successes: Approximately 1,214 homeless families have been referred to the Housing Locator for the reported FY. This has resulted in approximately 363 families being placed in permanent housing for the reported FY.

Challenges: To increase the number of referrals.

Action Plan:

- Continue to make improvements to the Housing Locator contracts by having monthly meetings of DPSS Line, Contract and Program managers, with representatives from Del Richardson and Associates, Inc. (DRA) and Weingart Center Association (WCA). Monthly meetings continue to be held with the goal of enhancing the program.
- An incident report has been created to identify on a case-by-case basis, any deficiencies in the program. Both DPSS and the contractors are addressing issues in an expedited manner.
- During the intake process, a form has been developed to be used by the Housing Locator to identify a family's barriers to permanent housing and facilitate communication with the Homeless Case Manager.
- DPSS District Offices are closely monitored to ensure use of the allocated number of referral slots for Housing Locator services.
- Permanent Housing Assistance Services (PHASE) Database: Housing Locators have begun to review PHASE and annotate their services.

Client Success Story: Ms. Y had no hope of finding affordable permanent housing; however, with the assistance of the Housing Locator, the family's application for a low-income apartment was approved. Ms. Y stated that the new apartment is a new beginning for herself and her family.

5) Skid Row Families Demonstration Project

Goal: Locate 300 families outside of Skid Row and into permanent housing.

Budget: \$9,212 million (Board Approved Funding)

Table A.4 : Skid Row Families Demonstration Project Participants and Services

FY 2007-08

(unduplicated clients) (duplicated services)	Fiscal Year		Quarter	Fiscal Year
Homeless Families	300	Moving Assistance	61	123
(individuals)	1,084	Housing (emergency)	98	278
Female	273	Housing (permanent)	61	123
Male	27	Rental subsidy	6	14
Hispanic	71	Education	1	2
African American	187	Job training/referrals	15	25
White	13	Job placement	4	6
Asian/Pacific Islander	4			
Native American	-	Section 8	22	65
Other	25			
		Case management	250	254
15 and below	619	Life Skills	250	254
16-24	80	Mental health/counseling	12	17
25-49	295	Transportation	174	410
50+	15	Food vouchers	214	390

Program Specific Measures	Quarter	Fiscal Year
Number of families enrolled in project	-	300
Number of families relocated from Skid Row area within 24 hours	-	-
Number of families placed into short-term emergency housing	-	300
Number of adults received referrals to community-based resources and services	200	420
Number of children received intervention and services	424	850
Number of families received monitoring/follow up after 6 months case management	51	64
Number of families no longer enrolled (termination or dropped out of program)	4	50
Number of families received an eviction notice during the last 3 months	-	-

Emergency Housing/Case Management	
Average length of stay in emergency housing:	65 days
Most frequent destination (permanent housing):	192 families
Case management (levels 2 and 3)	
Average number of case management hours for each participant per month:	16 hours
Total case management hours for all participants during current reporting period:	3,900 hours
Number of cases per manager:	25 cases

Additional measures to be provided after close of program:

- Gainful Employment - (Number of individuals who obtained employment)
- Access to appropriate and necessary Mental Health or substance abuse treatment - (Number of individuals who received mental health services, Number of individuals who received substance abuse treatment)
- Educational stability for children - (Number of children)
- Socialization/recreational stability for children - (Number of children)
- Services to assist domestic violence victims - (Number who received domestic violence services/counseling)

Successes: As of June 30, 2008, 192 families have been relocated from Skid Row to permanent housing, through the utilization of HACLA Section 8 vouchers, utilization of shallow subsidies for Fair Market Value rentals and some subsidized housing, and the placement of some families into subsidized, service-enriched, affordable housing complexes owned by Beyond Shelter.

Challenges: During the second quarter, the issue of undiagnosed and/or untreated mental health conditions remains ongoing, with approximately 60 heads-of-households either refusing treatment and/or referrals for interventions. As a result, Demonstration Project case managers deal on a regular basis with clients who demonstrate erratic and hostile behaviors, emotional outbursts, lack of motivation, and sometimes serious hygiene issues. Children in these families are often at high risk.

Action plan: Future efforts to create a more structured relationship between DMH and Beyond Shelter would provide much needed support to case managers attempting to assist families with ongoing crises in their lives. This support would also help facilitate the successful relocation of these families into permanent housing. Most importantly, a more structured collaborative effort with DMH would provide vital support for these families once they are in permanent housing, while also addressing their mental health issues from a stable housing base.

Client Success Story: When contacted by the Los Angeles Police Department (LAPD) that his son's mother, who is mentally ill, had abandoned their 6-year-old autistic son with a friend in the Skid Row area, he tried to bring the boy to live with him. However, the girlfriend refused to allow the son in the house, and, as a result, father and son both became homeless. Leonard exhausted their 14-day homeless assistance motel voucher through CalWORKs and then went to a Volunteers of America (VOA) shelter for several months. Leonard's son has been diagnosed with both autism and learning disabilities. Although Leonard was given various services at VOA, there was no "exit plan" and the money he had saved was inadequate to find permanent housing. The father's savings were eventually spent on motels until the family was placed in LAHSA's Emergency Shelter Services (ESS) 120 day program. At the end of their stay, they were referred to PATH for four months of emergency shelter. When that time was exhausted, the family was forced to return to Skid Row and sought assistance from the Midnight Mission. From there, they were referred by the Skid Row Assessment Team to Beyond Shelter for enrollment into the Demonstration Project. Beyond Shelter assisted Leonard and his son with a move to a motel outside of Skid Row and then into a studio master-leased apartment. The assigned case manager began working closely with Leonard on a permanent housing plan, which included applying for a Section 8 voucher. Meanwhile, Leonard worked with the DPSS GAIN program to complete janitorial training and is now employed at his son's current school. Leonard continues to focus his attention on helping to provide the best environment and treatment for his son and is actively receptive to the continued involvement of his Beyond Shelter case manager.

II. PROGRAMS FOR TRANSITION AGE YOUTH**6 and 7) Moving Assistance for Transition Age Youth****Goal:** Assist transition age youth to move into and secure permanent housing.**Budget:** \$3.5 million (One-Time Funding)**Table B.1: Moving Assistance for Transition Age Youth Participants
FY 2007-08**

(Probation- unduplicated) (DCFS unduplicated)	Total FY 2007-08	Probation		DCFS	
		Quarters	Fiscal Year	Quarters	Fiscal Year
Transition Age Youth	*761 (100%)	119	203	425	558
Female	492 (65%)	52	89	299	403
Male	271 (35%)	67	114	108	157
Hispanic	174 (19%)	26	47	91	127
African American	631 (71%)	86	247	285	384
White	76 (8%)	7	8	23	68
Asian/Pacific Islander	14 (2%)	-	1	8	13
Native American/Other	-	-	-	-	-
16-24	615(98%)	-	203	-	412
25-49	13 (2%)	-	-	-	13

*Unduplicated number of participants: 399 (203 Probation + 196 DCFS).

**Table B.2: Moving Assistance for Transition Age Youth Services
FY 2007-08**

(unduplicated count)	Total FY 2007-08	Probation		DCFS	
		Quarters	Fiscal Year	Quarters	Fiscal Year
Moving Assistance	257	89	121	94	133
Rental Subsidy	399	199	203	123	196
Housing (permanent)	318	110	185	94	133
Any supportive service ⁺	165	45	101	64	64
Education	10	-	-	10	10
Job training, referrals	4	-	-	4	4
Job placement	81	43	81	-	-
Case management	196	-	-	196	196
Life skills	8	-	-	8	8
Mental health	1	-	-	1	1
Transportation	17	-	-	17	17
Food vouchers, clothing	24	-	-	24	24

⁺Probation does not break down supportive service by type, except for job placement.**Table B.3: Longer-term Outcomes for Transition Age Youth
(6 or more months), FY 2007-08**

	Probation	DCFS
Continuing to live in housing	55	51
Obtained employment	43	47
Maintained employment	**67	1
Enrolled in educational program/school	15	45
Received high school diploma/GED	1	10

**May be less than 6 months

**Table B.4: Program Specific Measures for Transition Age Youth
FY 2007-08**

	Probation		DCFS	
	Quarters	Fiscal Year	Quarters	Fiscal Year
Number of new approvals	167	285	128	205
Average cost per youth	\$3,843	\$3,815	-	\$2,663
Number of program participants satisfied with program services	100% (of 6)	100% (of 87)	50	69
Number of pregnant/parenting youth placed in permanent housing	25	54	28	61
Number exited housing	45	48	135	176
Number remaining in permanent housing and receiving assistance at 6 months	n/a	n/a	37	37

Probation – Moving Assistance for TAY

Successes: Transitioning young Probationers from jail, camp, placement, gang related environments and/or an unstable family situation is difficult. Seventy-eight percent of the young adults placed in housing through the Transition to Permanency Project (TPP) remain in housing. Given the client population, this is a higher than expected success rate. ***The overall recidivism rate for Probation is approximately 30 percent and, to date, the re-offend rate for TPP participants is 10 percent.*** This appears significant and it will be interesting to track whether or not this is sustained over the next year.

Challenges: Keeping track of the youth on a monthly basis continues to be challenging. Youth often do not have a land-line phone and tend to use disposable phones so their contact numbers change frequently. They are not consistent in contacting their housing coordinators monthly and the coordinators use a lot of energy tracking the youth to make sure they are continuing in housing and are not in need of further services. As seen in the satisfaction survey, six youth were contacted out of a random list of twenty youth. Three of the twenty already left housing, three telephone numbers were wrong or disconnected, and eight participants were not home or did not return the call when a message was left on their voice mail.

Action Plan: Staff will work each month with all clients in the program to encourage housing and employment stability. The program will continue outreach and collaboration with other County Departments and community agencies, including landlord recruitment and the development of relationships with additional employers willing to hire system involved youth.

Client Success Story: This is the story of one of the first clients to receive assistance from Probation's TPP. His Probation Officer, hearing about the program through the outreach efforts of the housing project coordinators, referred him to the TPP program. He moved into his apartment on June 30, 2007. He maintained his residence for a complete year. He took positive advantage of this rental assistance, maintained a job and successfully provided housing for his 5-month old daughter and her mother. He received his GED and worked a few jobs since obtaining housing through TPP. However, he has been on his current job with the Aquarium of the Pacific since October of 2007. He continues in housing without further assistance.

III. PROGRAMS FOR INDIVIDUALS**8) Access to Housing for Health (AHH)**

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$1.5 million (Board Approved Funding)

**Table C.1 : Access to Housing for Health Participants and Services
FY 2007-08**

(Unduplicated count)	Quarter	Fiscal Year	Quarter	Fiscal Year	
Homeless Individuals	-	4	Education	2	2
Chronic Homeless	9	5	Job training	1	1
Homeless Families	-	4	Job placement	-	2
Female	3	26			
Male	6	48	General Relief	7	47
			Food Stamps only		1
Hispanic	3	20	Medi-Cal/Medicare	2	29
African American	2	33	Section 8	20	30
White	4	19	SSI/SSDI	7	23
Asian/Pacific Islander	-	1			
Native American	-	-	Case Management	9	66
Other	-	-	Health care	9	66
			Life Skills	9	66
15 and below	-	7	Mental health/counseling	5	15
25-49	-	27	Substance abuse (outpat.)	4	11
50+	-	40	Transportation	9	66
Moving Assistance	25	38			
Housing* (emergency)	9	66			
Housing (permanent)	27	43			
Rental subsidy	25	38			
Program Specific Measures			Quarter	Fiscal Year	
Number of referrals			86	353	
Number admitted to program (enrolled)			9	66	
Pending applications			13	-	
Number that did not meet eligibility criteria			64	244	
Number of exited clients			8	20	
Of the current AHH enrollees, number of inpatient admissions			1	5	
Number of ER visits after program enrollment			14	33	
Number of new AHH enrollees that have a primary healthcare provider			9	66	
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:			196 days, 42 into permanent housing		
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:			4 hours		
Total case management hours for all participants during current reporting period:			184 hours		
Number of cases per case manager:			12 cases		

Successes: On May 27, 2008, the Board of Supervisors voted to allocate an additional \$1.5 million to the AHH program to continue enrolling participants and extend the program until December 2010. This reporting period (January 1, 2008 through June 30, 2008) 27 participants moved into permanent housing through the AHH program; for a grand total of 42 participants in permanent housing as of June 30, 2008: 13 - City Section 8, 17 - County Section 8, 7 - County Public Housing, 4 - Skilled Nursing Facility, and 1 - Family/Friends.

Table C.2: Longer-term Outcomes	6 mo.	12 mo.
Continuing to live in housing	13 of 13	2 of 2
Receiving rental subsidy	13 of 13	2 of 2
Obtained employment	-	2
Maintained employment	-	2
Enrolled in educational program	-	1
Case management	40	12
Health care	40	12
Good or improved physical health	22 of 27	n/a
Substance abuse treatment (outpatient)	3	-
Reunited with family	21	5

There are 12 individuals that have reached their one year anniversary in permanent housing since enrolling in AHH. They are either permanently housed in Section 8 (City or County) or in County Public Housing. They had a combined total of **78 Emergency Department visits** during the 12 months prior to AHH enrollment. Post enrollment, the clients had a combined total of **10 Emergency Department visits, which is an 87% reduction**. These same 12 individuals had a combined total of 18 inpatient hospitalizations (totaling 127 days) prior to AHH enrollment. These clients had a total of two inpatient hospitalizations post AHH enrollment (totaling six days). **The number of inpatient hospitalizations was reduced by 95%.**

Challenges: Identifying eligible participants continues to be a challenge. AHH runs criminal background checks on all applicants prior to entry into the program, which is part of the Section 8 and Public Housing criteria. Since January 1, 2008, 31 out of the 64 denials (or 48%) were based on a criminal background history. In addition, many of applicants were too complex to live independently and needed alternative placements such as a skilled nursing facility, board and care, residential mental health facility or residential substance abuse treatment facility.

Another challenge has been accessing the DPSS' Moving Assistance program for single adults. The barriers identified relate to the unexpectedly slow processing time for payment to prospective landlords, limited access to DPSS Civic Center office staff charged with administering the benefits, and reluctance on the part of appliance and moving vendors to supply their TAX ID number to DPSS. DPSS is working to rectify these barriers in partnership with DHS AHH program staff.

Action Plan: The AHH Pilot Project continues to conduct outreach in order to identify more eligible clients. DHS and Homeless Health Care Los Angeles (HHCLA) staff have conducted in-service trainings at various shelters and continue to attend weekly meetings at the DHS hospitals. In addition, the JWCH Recuperative Care program also opened an additional 30 beds this year, which creates another referral source.

Client Success Stories: Before Participant 1 enrolled in the AHH Project, he resided on the grounds of Griffith Park in a tent for the past seven years. He is 50 years old and is diagnosed with congestive heart failure (CHF), hypertension, and diabetes. He was admitted to LAC+USC Medical Center in August 2007 for a diabetic foot ulcer and was transferred to Rancho Los Amigos for a toe amputation and rehabilitation. On September 9, 2007, Participant 1 was enrolled in the AHH Project and has since overcome many obstacles in his life. Participant 1 was provided with emergency housing and assisted with applying for a City Section 8 voucher through HHCLA. He was also assisted with housing locator services through Del Richardson and Associates and moved into his own apartment in the West Adams district of Los Angeles on March 21, 2008. Since moving in, Participant 1 has been maintaining his apartment, continues to pay rent, and was recently approved for SSI and Medi-Cal. Despite his many successes, Participant 1 continues to have difficulties dealing with isolation and maintaining his health. The AHH case management team continues to work with Participant 1 to address those challenges.

Participant 2 is a 59 year old Hispanic male with diabetes who has been homeless for over two years and residing in the hills of Lincoln Heights. In January 2008, client was sleeping in a tent with a friend. His friend left a candle burning while reading a bible and as a result, the tent went up in flames subsequently killing the client's friend. Participant 2 was able to survive the fire and was immediately brought to the Burn Unit at LAC+USC Medical Center. The client's wounds required skin grafting and he underwent two surgeries. Participant 2 was discharged to the Recuperative Care program operated by JWCH and later enrolled into the AHH Pilot Project on April 9, 2008.

Participant 2 has a 30 year history of alcohol abuse with existing mental health issues. Since entering the AHH program, he applied and was approved for GR benefits and has entered into the HHCLA Outpatient Drug Treatment program in which he participates biweekly. The client was seen by the HHCLA psychiatrist; referred to on-going mental health services for Spanish speakers; the USC Dental Clinic for dentures; and Lenscrafters for an eye exam. Participant 2 was approved for a Public Housing unit through the Housing Authority of the County of Los Angeles (HACoLA) and will be moving into his unit within the next few weeks.

9) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C. 3: Co-Occurring Disorders Court Participants and Services
FY 2007-08, Quarter: April-June 2008

(unduplicated count)	Quarter	FY		Quarter	FY
Chronic Homeless	37	51	Education	5	7
Homeless Individuals	2	2	Job training/referrals	9	12
Transition Age Youth	1	1	Job placement	1	1
Female	21	28	CalWORKs	1	2
Male	20	27	General Relief (GR,FS)	8	14
			Food Stamps only	3	3
			Medi-Cal/Medicare	26	32
			SSI/SSDI	15	18
Hispanic	5	6	Alternative Court	36	47
African American	30	41	Case Management	36	47
White	5	7	Health care/medical	31	37
			Life Skills	33	44
16-24	-	2	Mental health/counseling	36	47
25 -49	-	26	Social/community activity	18	21
50+	-	12	Substance abuse (outpatient)	36	47
			Substance abuse (residential)	4	4
Housing (emergency)	1	2	Transportation	36	47
Housing (permanent)	36	47	Clothing	20	36
Rental Subsidy	25	38	Personal Hygiene	27	44
Longer-term Outcomes				6 mo	12 mo
Continuing to live in housing				9	3
Receiving rental subsidy				7	1
Enrolled in educational program, school				2	1
Case management				11	3
Health care				11	3
Good or improved physical health				11	3
Mental health/counseling				11	3
Good or improved mental health				11	3
Substance abuse treatment (outpatient)				9	3
Substance abuse treatment (residential)				2	-
No drug use				9	1
Reunited with family				8	1
Emergency Housing/Case Management					
Average stay in emergency housing:				11 days	
Number placed into permanent supportive housing:				2 participants	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				7 hours	
Total case management hours for all participants during current reporting period:				580 hours	
Number of cases per case manager:				6 cases	

Table C.4: Program Specific Measures	Quarter	FY
Number of clients screened for enrollment	70	289
Number of clients accepted for observation	11	51
Total number of clients enrolled	8	48
Number of clients pending enrollment	7	7
Number of clients not meeting Program criteria	35	143
Number of clients rejecting/dropping out prior to enrollment	38	83
Number of clients lost during follow-up process	2	3
Number of participants in ER/crisis stabilization while enrolled in program	5	8
Average length of hospital stay (days)	4	3
Number of participants who have a primary healthcare provider while enrolled	21	21
Number of participants with new arrest(s)	7	8
Misdemeanor:	2	2
Felony:	5	6
Number of participants in jail	8	9
Average number of days in jail	38	36

Successes: Since the last report, CODC program staff have attended and presented at several Public Defender meetings to educate them on the program, its requirements, and benefits. This educational approach, along with the broadening of the criteria to allow for Non-Prop 36 eligible homeless dually diagnosed adult defendants, has led to an increase of referrals and enrollments into the program.

Challenges: One of the major challenges to reaching and maintaining full enrollment capacity is the quality of the referral. Many referrals do not meet the program and/or legal requirements. In cases where clients are eligible, many defendants opt for programs or outcomes where there is less stringent monitoring or lengthy judicial oversight.

Action Plan: Currently, CODC staff waits for attorneys to refer clients for evaluation. Due to the caseload attorneys carry and the varying levels of mental health knowledge in identifying appropriate clients, CODC staff will be partnering with court located Sheriff's deputies to identify individuals who are housed in correctional facility mental health housing. By identifying individuals who have been already viewed as suffering from mental illness, CODC staff can then approach the attorneys proactively, discuss the possibility of a treatment program for their client and the potential benefits. By proactive identification, we believe that many of the defendants suffering from mental illness will be channeled into the CODC program increasing the likelihood of meeting the program requirements and benefiting from the CODC program.

Client Success Stories: Two clients provided handwritten stories.

10) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rent subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2007-08

(duplicated count)	Quarters	Fiscal Year
Rental (housing) subsidies	727	1,535
Moving assistance	458	860
Case management	727	1,535
Number of applications received	Not available	Not available
Average number of business days to approve	20	20
Average amount of rental subsidy	\$309	\$300
Number of individuals re-entering program	Not available	Not available
Number of SSI approvals	Not available	Not available
Percent of SSI approvals	Not available	Not available
Number of individuals disengaged from program	Not available	Not available
Level 1 Case Management (assessment)		
Average case management hours for each participant per month:		2 hours
Total case management hours for all participants during current reporting period:		8,724 hours
Number of cases per case manager:		60 cases

Successes: The active number of housing subsidies has leveled off between 700 and 730.

Challenges: Homeless Case Managers (HCMs) have been unable to provide effective case management and maximizing the available slots.

Action Plan: Conduct case management training, create tools to monitor case management, and conduct regular district visits and audits of HCMs. Retrain HCMs for case management procedures, provide training on new reporting procedures, and conduct frequent project district visitation.

11 and 12) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$747,864 (On-going Funding)

Table C.6		Total FY 2007-08		DPSS-DHS		DPSS-Sheriff	
Homeless Release							
(unduplicated count)				Quarters	FY	Quarters	FY
Homeless Individuals	3,877			157	414	1,668	3,463
Homeless Families	1			1	1		
Housing (emergency)	158			19	*19	38	139
Average stay (days)	13				14		12
CalWORKs (approvals)	26			1	1	13	25
General Relief (w/FS)	1,690			38	179	621	1,511
General Relief only	249			24	59	116	190
Food Stamps only	35			1	1	12	34

*Third and fourth quarter number substituted for fiscal year (unavailable).

Table C.7		Total FY 2007-08		DPSS-DHS		DPSS-Sheriff	
Program Measures							
				Quarters	FY	Quarters	FY
Total referrals received	5,817			157	414	2,371	5,403
Total referrals accepted	3,712			97	249	1,668	3,463
	(64%)						
Of the total referrals accepted:	165			60	165	-	-
Total approved	1,760			-	-	762	1,760
Total denied	86			-	-	13	86
Total pending release:	1,619			-	-	875	1,619
Releases/discharges	145			38	145	-	-
Number of applications							
Food Stamps	35			1	1	12	34
General Relief	1,939			62	238	737	1,701
CalWORKs	26			1	1	13	25

DPSS-Sheriff

Successes

- Cashier Operations at Men's Central Jail has been effective in providing expedited services to inmates on their release date.

Challenges

- Number of homeless inmates who were previously released but did not access DPSS services (no-shows) has increased during this reporting period. No-shows occurred when inmates were released after DPSS work hours, ordered released at courts, or transferred to another facility.

Action Plan

- In collaboration with the Sheriff's Department, DPSS will focus on strategies to maximize the number of homeless inmates accessing DPSS administered aid programs.

DPSS-DHS

- Project successfully ensured that discharged patients were approved for DPSS administered benefits.

- The project challenge is to increase referrals for DPSS administered services.

- To provide services for individuals exiting specific County Hospitals, DPSS continues to develop outreach efforts to increase participation. Project expansion includes outreaching to individuals exiting private hospitals (effective August 2008). To date, White Memorial Hospital and Hollywood Presbyterian Hospital will be participating.

13) Homeless Recuperative Care Beds

Goal: Homeless individuals from area hospitals receive recuperative care and are discharged to transitional or permanent housing.

Budget: \$2.489 million (One-Time Funding)

Table C.8 : Homeless Recuperative Care Beds Participants and Services
FY 2007-08

(unduplicated count)		Quarter/Fiscal Year	Quarter/Fiscal Year
Homeless Individuals	42	Housing (emergency)	2
Female	8	Housing (transitional)	6
Male	34	General Relief only	2
		Medi-Cal/Medicare	9
Hispanic	10	SSI/SSDI	3
African American	23		
White	9	Case management	45
		Health care	45
16-24	1	Life skills	12
25-49	18	Mental health/counseling	1
50+	23	Recuperative care	45
		Substance abuse (outpatient)	2
		Transportation	45
Program Specific Measures		Quarter/Fiscal Year	
Number of patients referred for recuperative care beds		45	
Number of patients admitted to recuperative care services		42	
Number of patients who were discharged from recuperative care services		32	
Number of patients who were assigned to a primary health care provider during recuperative care stay		42	
Average length of stay for patients in recuperative care program (days)		30	
Number of ER visits 6 months after being discharged from recuperative care		-	
Number of inpatient admissions 6 months after receiving recuperative care		-	
Average length of acute care stay for clients discharged to recuperative care		-	
Emergency Housing/Case Management			
Average stay at emergency/transitional housing:		30 days	
Level 3 Assisted/Supported Referral and Counseling case management services			
Average case management hours for each participant per month:		600 hours	
Total case management hours for all participants during current reporting period:		1,800 hours	
Number of cases per case manager:		20 cases	

Successes: Although recuperative care is not a new service in the County, this is the first time DHS has funded this program and have had some input in the model of care. The Bell Shelter is a new site for this service and all 75 recuperative care beds are now operational. 25 of these beds are solely for the use of DHS.

Challenges: The program has limited resources for discharging to permanent housing. In addition, the clients are multiply complex and often use alcohol and drugs, which make optimal recuperation a challenge. Some clients leave without notice to the staff. It is difficult to follow-up with these clients due to their transient nature and lack of adequate resources for housing stability.

Action Plan: DHS and recuperative care staff have made some arrangements with Bell Shelter to accept our clients for transitional housing. In addition, DMH has agreed to come and evaluate any clients that staff feel have a mental disorder and could be eligible for a DMH program/housing.

Client Success Story: JWCH Institute received an email from one of their recuperative care clients. She was admitted with diagnosis of ovarian/uterus cancer and was beginning chemotherapy. She had case management and life skills during her stay, and then she was able to apply for the AHH program. She was in recuperative care for two months, and then she was transferred directly into permanent housing under the AHH program.

14) Housing Specialists- DMH

Goal: Assist homeless individuals, families, and transition age youth to obtain and maintain permanent housing. *Eighty-six percent of participants during FY 2007-08 were homeless individuals.*

Budget: \$923,000 (annually in MHSA funding)

Table C.9: Housing Specialists Program Specific Measures
FY 2007-08

(duplicated count)	Quarters	Fiscal Year
Number of referrals to program.	n/a	n/a
Number of property owners contacted.	317	898
Average time to place family.	n/a	n/a

Successes: Overall, the Housing Specialist program has been very successful. This program has provided additional resources at the service area level to address their specific housing need. Through this program, 544 people have been placed in emergency housing, 156 numbers of people have been successfully place in transitional housing and 93 people placed in permanent housing from January to June 2008.

Table C.10: Participants and Services
FY 2007-08

	Quarters	Fiscal Year
Homeless individuals	1,225	2,343
Homeless families	128	255
Transition age youth	128	142
Moving assistance	8	19
Eviction prevention	-	2
Housing (emergency)	195	544
Housing (transitional)	47	156
Housing (permanent)	21	93
Rental subsidy	43	122

Challenges: Due to high cost and limited affordable housing options in the County, finding housing continues to be a major challenge faced by the housing specialist. Even with Federal Rental Subsidies, some landlords are not willing to wait until the local Housing Authorities complete their administrative responsibilities.

Action Plan: Continue to provide outreach and education to landlords on renting to our target population. Work with our collaborative partners to expedite the process in an attempt to not discourage landlord participation.

Client Success Stories:

From Service Area 4, "I just placed a 59 year old woman into her own Section 8 apartment with a dog in east Los Angeles (very nice and private place). I had difficulty finding anyone to accept her dog; however I did meet a private landlord who liked the client. The woman was a very highly respected Special Education teacher, who had taught in both the US and in Greece. Upon her husband's death, she fell into a deep depression (that she still battles with daily) and she has been unable to return to work. After residing with her father until his illness required him to seek other housing, she became homeless. She then moved to her car with her dog, who is a constant support and companion to her". – Housing Specialist

My Client has been homeless for eight months living in his van. Client was living at his brother's house until his brothers' teenage children started mocking him. I had to walk this client through the process to find housing. The client suffered with severe ticks and tremors. I had to represent the client when talking with the landlord, and I never excused my client's behavior. If the landlord did not ask, I said nothing. My client is now living in a one-bedroom house. – Housing Specialist

15) Los Angeles County Homeless Court Program

Goal: Assist homeless individuals with clearing outstanding tickets, fines, and warrants upon successful completion of rehabilitation recovery programs for mental health, substance abuse and/or other issues.

Budget: \$379,000 (On-going Funding)

Table C.11 : Los Angeles County Homeless Court Program Participants
Fourth quarter, FY 2007-08

(duplicated count)	Quarter/Fiscal Year	Quarter/Fiscal Year	Quarter/Fiscal Year
Homeless Individuals	154	Hispanic	36
		African American	78
Female	51	White	34
Male	102	Asian/Pacific Islander	-
Transgender	1	Native American	1
		Other	5
		15 and below	-
		16-24	16
		25-49	91
		50+	47
Program Specific Measures		Quarter/Fiscal Year	
Number of Los Angeles County Homeless Court motions received.		334	
Number of program participants whose qualifying motions are submitted to and filed by Superior Court, and resolved within 30 days of submission.		334	100%
Number of audited records in the Superior Court's automated case management systems (TCIS/ETRS) that are accurate.		15	100%
Number of motions that are granted by Superior Court.		323	97%
Number of motions that are denied by Superior Court.		-	
Number of individual cases filed under the Los Angeles County Homeless Court.		400	
Number of participants whose applications are submitted to the Los Angeles County Homeless Court within 30-days of initial contact with participant.		154	
Number of participants that have Los Angeles County citations or warrants dismissed upon program completion.		126	
Number of participants who complete at least 90 days of necessary case management, rehabilitative, employment or mental health services before their first appearance in Court.		154	
Number of case managers who receive training on Los Angeles County Homeless Court benefits, application and eligibility requirements, and legal resources.		N/A	

Successes: One key success the Los Angeles Homeless Court has accomplished is expediting the cases that were sent to the jurisdictions covered by the Los Angeles District Attorney's Office. Before, motions for such cases were sent to the Deputy District Attorney, and then to Judge Tynan, and then to the Public Defender's Office, who then sent it to the Public Defender's Offices at the individual branches, where deputy public defenders filed the motions with the clerks. The clerks, in turn, delayed in dismissing the cases. The Court processes have now been simplified and expedited. The Deputy District Attorney sends the motions to the Bauchet Courthouse, who in turn dismisses them on the traffic court system.

Challenges: The challenge is that Homeless Court needs a new database so that pertinent information can be collected and reported, and so that it will be easier to keep track of application processing stages.

Another challenge is that Homeless Court receives a lot of calls from applicants who are checking on the status of their applications, which prevents the staff from processing applications. Lastly, we need to get caseworkers and applicants to understand that the process is an administrative process, and thus it takes time to dismiss the citations.

The Superior Court received a number of motions from Public Counsel in late June for District Attorney prosecuted cases. They are not included in the above totals. Some had been signed by a judicial officer and no clerical process had taken place. In others, the motions were submitted directly to the branch courts and Superior Court staff had to follow up on their status. Finishing the judicial review and clerical processing of these motions is anticipated before the end of the next audit period. These motions are examples the program faced prior to HPI funding in that each of the partners were operating without resources. Superior Court is now implementing protocols for centralized clerical processing, and this will eliminate the issue of not processing motions in a timely and consistent manner.

Action Plan: We are planning to meet with the Public Counsel IT staff member to develop a new database so that we can collect statistical information for reporting purposes more easily, and to better keep track of the application at different stages. We are also considering deleting the Homeless Court phone number from the applications and giving them to the caseworkers separately. As for the last challenge, the development of a frequently asked questions list is being considered, and hopefully, the list would be placed on the website, so that people have a better understanding, regarding the Homeless Court process.

Client Success Story: Client X was a previous Homeless Court graduate who graduated from the Homeless Court Session in February 2008. He is considered a success story, because he had at least 30 individual cases that were all successfully dismissed through Homeless Court. He had so many citations that his file was about an inch thick. This was clearly a procedural success for Homeless Court. Further, recently we were also able to speak to his sister, who said that he is now staying at a VA Board and Care facility. According to his sister, her brother wanted his record cleared of citations, which is why he applied. He is unfortunately unable to work though because he suffers from disabilities, including having reduced cognitive abilities.

We have recognized that it can be suffocating for our applicants to have so many citations on their records, which at times can be extremely debilitating, both mentally and emotionally. We were glad to relieve the distress Mr. X must have experienced from having so many citations on his record.

16) Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program

Goal: Assist individuals to move into permanent housing.

Budget: \$1.1 million

Table C.12: Moving Assistance for Single Adults Program Measures
FY 2007-08

(unduplicated count)	Quarters	Fiscal Year
Moving Assistance	43	63
Number of applications received	133	178
Number of applications approved	43	63
Average number of business days to approve	20	20
Average amount of grant	\$575	\$575

Successes: Compared to the first two quarters of the fiscal year, the last two quarters of the fiscal year resulted in an increase in referrals. The increase in referrals was a result of the information drive and presentations provided by DPSS staff at various shelters.

Challenges: One of the barriers to increasing referrals to the program is the criteria requiring individuals to be exiting emergency/transitional shelters.

Action Plan: Propose to remove the conditions that requestors must have in order to be eligible: 1) exiting emergency/transitional shelters; and 2) having the necessary time-limits (within the last 2 years) for those previously aided on GR/FS. During this reporting period, DPSS is looking at several options.

17) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.13: Project 50 Participants and Services			
FY 2007-08			
(unduplicated count)	Quarter/Fiscal Year		Quarter/Fiscal Year
Chronic Homeless Individuals	40	100%	
Female	6	15%	Job training/referrals 2
Male	33	83%	Job placement 1
Transgender	1	2%	
Hispanic	6	15%	General Relief (GR,FS) 4
African American	31	78%	General Relief only 3
White	2	5%	Medi-Cal/Medicare 1
Asian/Pacific Islander	-	-	Section 8 4
Native American	-	-	Shelter Plus Care 1
Other	1	2%	SSI/SSDI 33
			Veterans 1
25 -49	15	37.5%	Case Management 33
50+	25	62.5%	Health care/medical 35
			Mental health/counseling 27
			Social/community activity 30
			Substance abuse (outpatient) 24
			Substance abuse (residential) 1
Housing (emergency)	*10		Transportation 30
Housing (permanent)	35		Detox 5
Rental Subsidy	33		Legal Services 15
Longer-term outcomes (6 months)			
Continuing to live in housing			35
Receiving rental subsidy			33
Obtained employment			1
Enrolled in educational program			1
Case management			34
Health care			32
Good or improved physical health			30
Mental health/counseling			27
Good or improved mental health			23
Substance abuse treatment (outpatient)			24
Substance abuse treatment (residential)			1
No drug use			5
Reunited with family			2
*estimated number			
Transitional Housing/Case Management			Quarter/Fiscal Year
Average stay in transitional housing:			4 days
Number into permanent housing:			35 participants
Level 3 case management services			
Average for each participant per month:			3 hours
Total hours for all participants:			99 hours
Number of cases per case manager:			16 cases

Program Specific Measures	Quarter/Fiscal Year
Number of participants who exited housing	-
Number of participants developing individualized treatment plans	30
Number of participants participating in a housing retention group	28
Number of Project 50 participants having arrests	4
Number of Project 50 participants having hospitalizations	5
Number of Project 50 participants having an emergency room (ER) visit	7
Number of Project 50 participants with increased income (i.e., due to SSI/SSDI, GR)	8

Successes: Every person invited to participate in Project 50 has accepted housing except one, and project staff is still working with that client. We have housed 35 individuals. Multi-departments and multi-agencies are working together for a common goal and together, breaking down barriers and learning to facilitate the process. The Federally Qualified Health Center (FQHC) model became a reality in a very short time and we are quickly working toward sustainability.

Challenges: In January, staff attempted to locate those identified in December 2007, without having photos. By the end of January, we did not have the Integrated Supportive Services Team (ISST) fully functional once we started housing individuals. We are learning when to intervene and when to encourage the participant to help him/herself. We moved our location 5 months into the project. Completing the large amount of documentation required for reimbursement and sustainability of the project and future projects.

Action Plan: Either obtain photos from LASD or inform prospective participants that if we are not allowed to photograph, their names will have to go to the end of the list. Supportive services must be in place, at least a skeleton crew, from the beginning. In-services must be conducted on relating to our clients in a healthy manner, and setting clear boundaries from the beginning with all staff. If staff cannot be in the location where participants are, the start of the project should be delayed. Additionally, staff combine various documentation so there is no duplication.

Client Success Story: Edward was usually found intoxicated, unable to control body functions, and usually found in the halls. Living at the hotel, he was at risk. Through a relationship with the team, especially with the Chemical Dependency counselor, he entered detox, went missing once and returned several days later to complete the treatment, and returned home sober. Edward started new medication (Camprel) and lost his desire to get intoxicated. While he did experience 2-3 short relapses, now he is an inspiration to others, showing off his new prescription glasses and saying that he can now see well for the first time in years.

18) Santa Monica Homeless Community Court

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000

Table C.14: Santa Monica Homeless Community Court Participants and Services
FY 2007-08

(unduplicated count)	Quarter	Fiscal Year	Quarter	Fiscal Year
Chronic Homeless Individuals	68	85	25-49	- 42
			50+	- 27
Female	17	23		
Male	51	62	Housing (emergency)	20 32
			Housing (permanent)	5 8
Hispanic	6	7	Rental subsidy	3 6
African American	14	21		
White	49	59	Alternative Court	42 85
Asian/Pacific Islander	1	1	Case management (lvl. 3)	64 81
Native American	-	-	Mental health	21 34
Other	4	4	Substance abuse (outpatient)	3 5
			Substance abuse (residential)	9 17
Program Specific Measures			Quarter	Fiscal Year
Total number of clients who have enrolled in Program			42	85
Number of participants who appear before the Court Pilot Project that engage in case management for at least three months after their first appearance at Court			30	48
Number who participate that have citations or warrants dismissed upon completion			20	39
Number who receive an emergency shelter bed and remain for two weeks or longer			15	19
Number who enter residential treatment complete a substance abuse program of 90 days or longer			8	9
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program			n/a	n/a
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)			2	4
Average length of stay in emergency housing: 14-160 days				

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is the relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and Social Worker provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming directly from mental health symptoms. A secondary but lasting benefit of the Edelman collaboration is streamlining the eventual transfer of client services from in-office services at the Homeless Services Center to long-term mental health care at Edelman or other DMH facilities. Building on the success of our Chronic Homeless Program (CHP) we have managed to link many of our CHP participants to the court which has resulted in the removal of barriers and has allowed for the successful transition by clients to the

next phase of their lives. Continued collaboration between our service providers, police and fire has allowed us to continue engaging clients in the field and seizing opportunities to refer them to the program when we think they will be receptive to services. Again, given the voluntary nature of the program, this is often a fine line since clients may change their mind.

Our talented Public Defender is greatly appreciated not only by the Resource Coordinator but also by our service providers. She creatively strikes a balance between advocating for her clients and using her motivational interviewing techniques to help clients see the benefits of connecting to services. Her ability to strike this balance has been an asset to the program. For some of our most fragile participants, she has gone into the field and met with them in a neutral environment to ease their concerns.

Challenges: The voluntary nature of the program allows many of our most chronic, high utilizers of police, fire and social services the opportunity to opt out of the program. These are the very people we had wished to engage in services using the authority of the court. Experience has shown us that many of our most chronic homeless do not want to access services and the voluntary nature of the program does not allow us to use the authority of the Court to connect individuals to much needed resources including mental health, psychiatric, medical, substance abuse and monetary assistance programs – all of which can be barriers to stabilizing clients, housing them and helping them maintain their housing. The court will only accept participants cited with quality of life crimes – misdemeanors and infractions. The court will not accept felons or sex offenders. The very nature of the crimes, misdemeanors and infractions, prevent the court from following participant for extended periods of time and result in citations being dismissed with limited client progress.

Greater oversight by the court could have a very positive influence on participants and result in better outcomes. Currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts both our substance abuse treatment and housing placements. Indeed, because of Case Management initiated by the Court, some individuals may achieve outcomes months after their exit from the program.

Action Plan: The clients on this contract are chronically homeless with severe and persistent mental illness and/or co-occurring disorders. This is a barrier and often impacts their ability to access emergency shelter. Therefore whenever possible, the goal is to take a housing first approach and move clients directly from the streets and into permanent housing. The amount of time it takes to complete the housing process from time of application to leasing up is often more than six months due to the lack of one-bedroom units willing to accept Section 8. Our services providers continue their efforts to connect Court participants to permanent housing whenever possible. The Human Services Division, Santa Monica Housing Authority and service providers meet regularly to discuss strategies for engaging local area landlords in an effort to increase housing options for participants. Also, as stated under Program Challenges, currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts our housing placement outcomes because the Court does not follow clients for significant periods of time therefore they may achieve outcomes months after their exit from the program.

Client Success Story: Mark is one of the most likable clients among the case managers and other staff at St. Joseph Center, always ready with a wry smile, a hearty laugh, and the perfect joke. But in 2007, after months of regular case management, his case seemed stuck in chronic homelessness and he disappeared from services only to resurface on the streets of Santa Monica during the homeless registry that took place in January of this year.

During the ensuing period of homelessness in the City of Santa Monica, Mark accumulated 23 citations and five misdemeanors from the police for camping and open container offenses, growing increasingly hopeless that his situation could change. After the service registry, once he became re-linked with St. Joseph Center, he was referred to the Homeless Community Court program, which was able to help Mark not only get his criminal offenses dismissed, but also make substantial steps towards a better life. After being transported to detox in March of 2008, while still drunk from his birthday the night before, Mark has been a model participant in rehabilitation with four months clean time. He has received mental health support and psychiatric treatment to help with some of the underlying issues which made it difficult for him

to stop drinking in the past. Lastly, he is currently waiting for his Santa Monica Serial Inebriate Program Section 8 voucher, which will allow him to stay in an apartment at minimal cost, a program tailored for recovering alcoholics. CLARE's inpatient rehab program and Santa Monica's Homeless Court have all been instrumental in assisting St. Joseph Center in collaborating with Mark.

IV. PROGRAMS FOR MULTIPLE POPULATIONS

19) Los Angeles County Housing Resource Center, (formerly known as the Housing Database)

Goal: Provide information on housing listings to public users, housing locators, and caseworkers.

Budget: \$382,000 (\$202,000 allocation from HPI funding and \$180,000 from CDC).

Table D: LACHRC Program Measures	Quarters	June 2007- June 2008
Number of landlords registered on the site	1,372	2,854
Number of new units listed and available for rental	2,156	4,356
Total number of housing searches conducted	670,851	1,436,178
Average number of calls made/received to the Socialserve.com toll-free call center per month	6,158	4,578
Number of collaborative efforts forged between 211 LA County, County Departments, Red Cross, Federal Emergency Management Agency, HUD	13	33

Successes:

- The Los Angeles County Housing Resource Center continues to have strong growth in all usage categories. The project completed its first year of operation on June 1, 2008.
- During that year, over 1.4 million housing searches were completed on the website and returned listings.
- Landlord interest and support is also strong, and in the first year, 3277 landlords registered properties.
- Approximately 95% of those landlords accept Section 8 vouchers, which has been very helpful to the lease up rate of the Housing Authority of the County of Los Angeles (HACoLA).
- Support from County departments has been strong, and CDC staff has an ongoing relationship with DPSS and DMH to regularly provide training to housing locators. Also in the past quarter, individual passwords have been issued to County departments so that housing locators can do searches for special needs housing through the restricted-access portion of the website.
- The project also successfully leveraged approximately \$240,000 of additional funding from the Kaiser Foundation Hospitals to develop an on-line registration system for the recuperative care beds in Skid Row and Bell Shelter.

Challenges:

- The biggest challenge for the Housing Resource Center is to bring in new landlords from a broader spectrum of property owners in the County, in order to increase the number, variety, and location of rental units listed on the website. This requires staff time and marketing resources.
- Project management and contract administration has been shared between the CEO and CDC, and at times has not been as efficient as possible. This will be addressed in the Action Plan below.

Action Plan:

- CDC staff is currently planning a large mailing of postcards to LA County landlords in order to address the challenge listed above. Staff will also plan additional marketing outreaches to apartment owner associations.
- The County Board approved funding for improvements and expansions to website functionality through the CEO-IT Fund. These project improvements will be implemented through a new sole source contract, between the CDC and Socialserve.com, which is meant to give more project

administrative responsibility to the CDC for improved efficiencies. This contract will be presented to the County Board for approval in August 2008.

- Additional collaborative efforts are being made with the Center for Government Studies and 211-LA County to help improve efficiencies in data collection. CDC and CEO staff plan to meet with LAHSA in order to forge more and better collaboration on shelter data.
- The Housing Management Division of the CDC reported estimated savings of \$18,000 due to the accelerated lease-up of a vacant Section 8 unit. Vacancies that sometimes lasted up to 3 months were filled in days when listed on the Housing Resource Center. This resulted in savings on advertising and additional rental income.

20) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles Housing Innovation Fund, LLC (LAHIIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million

- Entered into Loan Agreement on June 20, 2008.
- \$10,030,000 wired from CDC to LACHIF on Friday, June 26, 2008.
- Selected lenders will be tasked with marketing program.
- CDC staff has provided presentation to CDBG participating cities on LACHIF.
- Selected lenders currently report to have seven potential projects to be funded with the LACHIF.



WILLIAM T FUJIOKA
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

February 5, 2009

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name and title.

Board of Supervisors
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First District

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Fifth District

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

According to the Los Angeles Homeless Services Authority (LAHSA), Los Angeles County has the highest concentration of homelessness in the nation (74,000 people). Various social and economic factors, as well as gaps in available housing and social services have contributed to the crisis. In response to this crisis, on April 4, 2006, the Los Angeles County Board of Supervisors made an investment toward addressing and preventing homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The Chief Executive Office continues to implement specific key HPI programs in partnership with County Departments of Children and Family Services, Community Development Commission, Health Services, Mental Health, Probation, Public Defender, Public Health, Public Social Services, and the Sheriff, LAHSA, and cities. To date, the HPI has been tremendously successful in implementing 23 programs and serving 12,801 individuals and 7,840 families (four programs included a duplicated participant count during Fiscal Year (FY) 2007-08). The initiative focuses on reaching the following two goals through the six strategies shown below:

Goal 1 – Preventing Homelessness

- Housing assistance
- Transitional supportive services

Goal 2 – Ending Homelessness

- Community capacity building
- Regional planning
- Supportive services integration linked to housing
- Innovative program design

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only**

Each Supervisor
February 5, 2009
Page 2

Three attachments are included with this memo:

1. Executive Summary of FY 2008-09, First Quarter;
2. HPI Status Report (Attachment A): The FY 2008-09 First Quarter HPI status report includes information on program participants, services provided, and associated outcomes; and
3. Index of Programs (Attachment B): A table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included with a description of successes, challenges, an action plan, and a client success story.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts.

If you have any questions, please contact me or your staff may contact Miguel Santana, Deputy Chief Executive Officer at (213) 974-4530, or via e-mail at msantana@ceo.lacounty.gov.

WTF:MS:KH
GS:VKD:hn

Attachments (3)

- c: Sheriff's Department
Department of Children and Family Services
Department of Community Development Commission
Department of Health Services
Department of Mental Health
Probation Department
Department of Public Defender
Department of Public Health
Department of Public Social Services
City of Santa Monica
Los Angeles Homeless Services Authority
Public Counsel
Skid Row Housing Trust

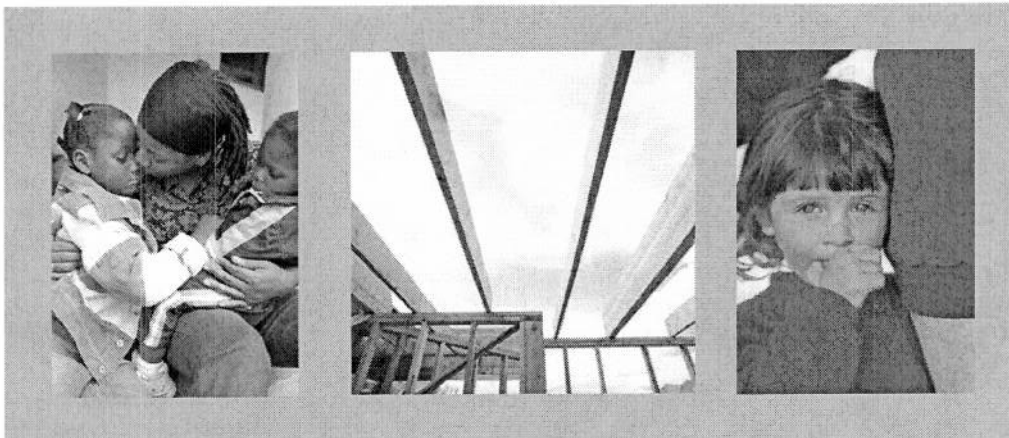


Los Angeles County HOMELESS PREVENTION INITIATIVE (HPI)

FY 2008-09, JULY – SEPTEMBER, FIRST QUARTER EXECUTIVE SUMMARY

Los Angeles County has the highest concentration of homelessness in the nation (74,000 people).¹ The Los Angeles County Board of Supervisors invested to address and prevent homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). With this crisis worsening as a result of the downturn in the economy, the Chief Executive Office (CEO) continues to implement specific key HPI programs in partnership with County departments,² the Los Angeles Homeless Services Authority (LAHSA), Community Development Commission (CDC), and cities. To date, the HPI has been tremendously successful in implementing 23 programs and serving 12,801 individuals and 7,840 families.³ The initiative focuses on reaching the following two goals through six strategies shown below:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none">• Housing assistance• Transitional supportive services
Reducing Homelessness	<ul style="list-style-type: none">• Community capacity building• Regional planning• Supportive services integration and linkages to housing• Innovative program design



¹ Los Angeles Homeless Services Authority (LAHSA) 2007 Greater Los Angeles Homeless County.

² Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff.

³ Four programs included a duplicated participant count during FY 2007-08. Homeless Release Projects are not funded by HPI.

Through the HPI, 12,801 individuals and 7,840 families have been served. For each strategy, specific outcomes and a combined total of actual and estimated expenditures are listed. Within the Goal 2, Supportive Services Coordination Strategy, cumulative results are shown.

GOAL 1: PREVENTING HOMELESSNESS

HOUSING ASSISTANCE

Eviction Prevention	\$9,237,540
Moving Assistance	
Rental Subsidy	

Through housing assistance, individuals, youth, and families maintain permanent housing.

- **4,670 individuals and 4,876 families received housing assistance, which prevented homelessness.**

TRANSITIONAL SUPPORTIVE SERVICES

Access to Housing for Health (AHH)	\$5,721,343
Homeless Release Projects	
Jail-In Reach Program	

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

- **2,220 clients received public benefits.**
- **50 clients placed into permanent supportive housing (PSH).**
- **83% decrease in inpatient days and 74% decrease in ER visits a year post enrollment.**

GOAL 2: REDUCING HOMELESSNESS

COMMUNITY CAPACITY BUILDING

City and Community Program (CCP)	\$25,644,929
Revolving Loan Fund	

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

- **For CCP, 13 service contracts (60%) have been executed, and nine capital projects will begin construction by Spring of 2009.**

REGIONAL PLANNING

Homeless Services	\$3,250,000
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Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

- **Gateway and San Gabriel Valley Council of Governments (COG) and Long Beach Homeless Veterans implemented.**

SUPPORTIVE SERVICES COORDINATION AND LINKAGES TO HOUSING

Case Management	\$12,060,791
Recuperative Care	
Housing Locators	
Multi-disciplinary Team/Access Center	

Provide clients with integrated supportive services and housing. Supportive services include case management, health care, mental health services, and substance abuse treatment.

- **2,508 individuals and 2,641 families placed into emergency, transitional, and PSH.**
- **5,620 linkages to integrated supportive services enhanced participants' well-being.**
- **3,715 individuals and families achieved greater self-sufficiency through public benefits, income support, and connections to employment opportunities.**

INNOVATIVE PROGRAM DESIGN

Project 50	\$16,085,050
Skid Row Families Demonstration Project	
Homeless Court	
Housing Resource Center	
Santa Monica Service Registry	

Provide access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

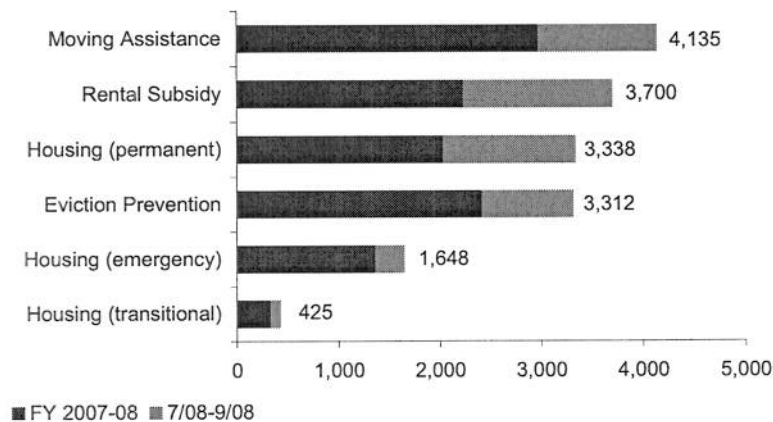
- **44 chronic homeless individuals placed into PSH.**
- **227 families placed into PSH from Skid Row.**
- **Citations and warrants dismissed for 401 individuals.**
- **Over 1.5 million housing searches conducted.**

INCREASED NEED FOR HOUSING AND SERVICES

With the current economic condition, there is even greater need for cost-effective strategies to prevent and decrease homelessness. From July 2007 to September 2008, DPSS reported that the County's unemployment rate steadily increased, peaking at 8.1% in August and slightly decreasing to 7.8% in September. Similarly, the number of CalWORKs applications rose to 14,388 last September – a 28% increase compared to one year ago. Unfortunately, DPSS showed the number of CalWORKs homeless families has increased by 12% to 7,218 during the same time period. As a result, DPSS has experienced increased demand for Moving Assistance and Emergency Assistance to Prevent Eviction Prevention (EAPE), with monthly expenditures at a 15-month high for both programs during September.

During July-September 2008, the number of HPI participants who received permanent housing and housing assistance increased dramatically. Compared to FY 2007-08, the first quarter of FY 2008-09 showed a 32% increase in the number of families served and a 23% increase in individuals. The chart shows 3,338 participants have received permanent housing, and 39% of all placements occurred during the past quarter.

HPI Participants Receiving Housing/Housing Assistance



STRATEGIES FOR CHANGE

The County departments are developing a Countywide Homeless Services Integration Plan based on the lessons learned from the Homeless Prevention Initiative. Final plan will include the following elements:

- Expansion of Permanent Supportive Housing (PSH) in partnership with the CDC, four LA County Continuums of Care, Councils of Government, and the cities within the County;
- Institutionalization of successful projects from the Homeless Prevention Initiative (HPI) and lessons learned from the HPI, including the County hospital and jail discharge protocols;
- Continued development of regional planning, partnership and collaboration;
- Enhanced coordination of existing Homeless Services system and programs within the County; and
- An initial cost avoidance study of the General Relief Housing Subsidy and Case Management Project estimates a total of \$5.4 million to \$10.3 million in cost savings for the County by 2012. Future studies of other HPI programs are expected to show similar cost savings.



Homeless Prevention Initiative (HPI)
FY 2008-09, First Quarter Status Report

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HOMELESS PREVENTION INITIATIVE (HPI) STATUS REPORT – FY 2008-09, First Quarter

I. INTRODUCTION

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of 23 programs included in the Los Angeles County Homeless Prevention Initiative (HPI) during July-September of FY 2008-09. During the previous reporting period, 20 programs had been implemented. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies and departments comprise the County HPI Team (Team). The Team meets monthly to ensure consistent communication and integration of services across County departments and to facilitate successful implementation of HPI programs serving the County's homeless population.

The ultimate goal of HPI is to help individuals and families achieve housing stability and greater self-sufficiency. Through the HPI investment, program strategies are expected to enhance coordination of various housing and supportive services for the homeless and at-risk population. As a result, more individuals and families will have access to integrated services.

Goals and Strategies

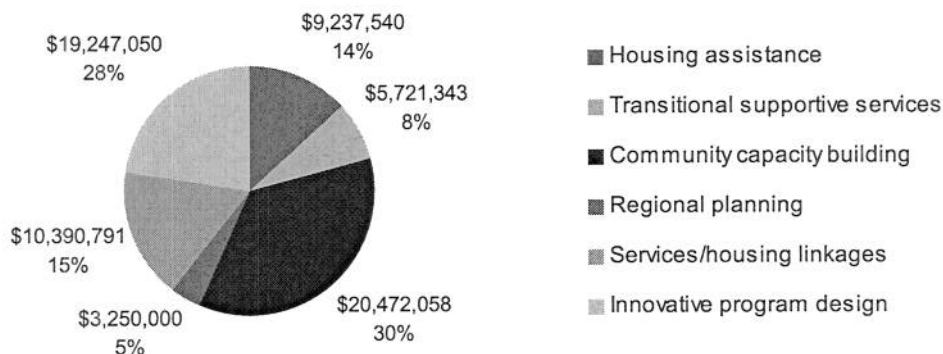
As mentioned in the Executive Summary of this report, the Chief Executive Office continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), Community Development Commission (CDC), and cities. The initiative focuses on meeting the following two goals through six strategies shown:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none"> • Housing assistance • Transitional supportive services
Reducing Homelessness	<ul style="list-style-type: none"> • Community capacity building • Regional planning • Supportive services integration and linkages to housing • Innovative program design

Actual and Estimated Expenditures by Strategy

In this report, total expenditures include FYs 2006-07 and 2007-08 actual expenditures and estimated expenditures for FY 2008-09. The total expenditures for the HPI programs in this report are \$71,539,653. Chart I shows that 22 percent of all expenditures have or will be spent on the initiative's first goal to prevent homelessness. Seventy-eight percent of all expenditures have or will be spent on the HPI's second goal to reduce homelessness. In addition, the amount expended by each strategy is shown in Chart I. For the community capacity building strategy, 30 percent of all expenditures are designated for housing development and supportive services in 21 communities via contracts with local housing developers and service providers.

Chart 1: Estimated Actual Expenditures
Total: \$71,539,653*



*Actual expenditures are \$79.4 million. Additional expenditures include: 1) Board approved operational support at \$1.9 million (FY 2006-07); and 2) operational support, administrative, and evaluation costs at approximately \$6.0 million. Outcomes for these projects, such as LAHSA contracted programs, will be included in the next status report.

Increased Need for Housing and Services

With the current economic condition, there is even greater need for cost-effective strategies to prevent and decrease homelessness. From July 2007 to September 2008, DPSS reported that the County's unemployment rate steadily increased, peaking at 8.1 percent in August and slightly decreasing to 7.8 percent in September. Similarly, the number of CalWORKs applications rose to 14,388 last September – a 28 percent increase compared to one year ago. Unfortunately, DPSS showed the number of CalWORKs homeless families has increased by 12 percent to 7,218 during the same time period. As a result, DPSS has experienced increased demand for Moving Assistance and Emergency Assistance to Prevent Eviction Prevention (EAPE), with monthly expenditures at a 15-month high for both programs during September. As a result, for FYs 2007-08 and 2008-09, \$3,748,431 in unspent HPI DPSS program funds have been shifted to the Moving Assistance and EAPE programs.

During July-September 2008, the number of HPI participants who received permanent housing and housing assistance increased dramatically. Compared to FY 2007-08, the first quarter of FY 2008-09 showed a 32 percent increase in the number of families served and a 23 percent increase in individuals. Chart 5 shows 3,338 participants have received permanent housing, and 39 percent of all placements occurred during the past quarter.

II. PARTICIPANTS

During the first quarter of FY 2008-09, 21 of 23 implemented HPI programs¹ directly served the homeless and at-risk homeless population in the County. While several programs served more than one homeless population, participants in 18 programs corresponded to one of five categories: homeless individuals (seven programs), chronic homeless individuals (four programs), transition age youth (two programs), homeless families (three programs), and at-risk families (two programs). A summary table of HPI programs is in Appendix B.

To date, Table 1 shows HPI touched the lives of 12,801 individuals and 7,840 families.² Compared to the total in FY 2007-08, the first quarter of FY 2008-09 showed a 32 percent increase in the number of families served and a 23 percent increase in individuals.

Table 1: Number of Contacts by Participant Category
FY 2008-09, First Quarter

	FY 2008-09 First Quarter	FY 2007-08	*Cumulative	Percent Increase
Homeless Individuals	1,699	9,042	10,741	19%
Chronic Homeless Individuals	361	234	595	154%
Transition Age Youth	344	1,121	1,465	29%
Total for Individuals	2,404	10,397	12,801	23%
Homeless Families	998	3,463	4,461	36%
At-Risk Homeless Families	892	2,487	3,379	31%
Total for Families	1,880	5,950	7,840	32%
Total	4,284	16,347	20,641	26%

*FY 2008-09: Returning participants have been subtracted for an unduplicated count.

Chart 2: Percent by Participant Category

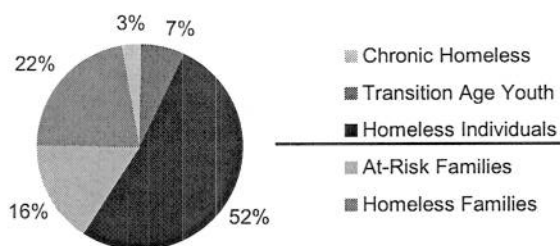


Chart 2 illustrates that of all HPI participants, 62 percent were individuals and 38 percent were families. According to LAHSA, 24 percent of the total homeless population lives in families,³ and homeless families made up 22 percent of all HPI participants. Of all individual participants, 52 percent were homeless adults, and seven percent were transition age youth. Approximately one-third of the homeless in the County are chronically homeless,⁴ while these individuals made up three percent of all HPI participants.

¹ Housing Locators and Housing Specialists programs are included, but these programs are funded by CalWORKs Single Allocation and DMH Mental Health Services Act (MHSA) respectively.

² Note most programs provided an unduplicated participant number; however, four programs included a duplicated participant count during FY 2007-08. Housing Locators/Housing Specialists are included in total participant count, however not in HPI funding.

³ LAHSA 2007 Greater Los Angeles Homeless Count.

⁴ Ibid.

Participant Characteristics

During the first quarter of FY 2008-09, a total of 17 programs provided demographic information for program participants. Demographic information included gender, age, and race/ethnicity of participants. To obtain cumulative demographic information on all HPI participants, demographic information from new participants served during this past quarter was added to FY 2007-08 data.

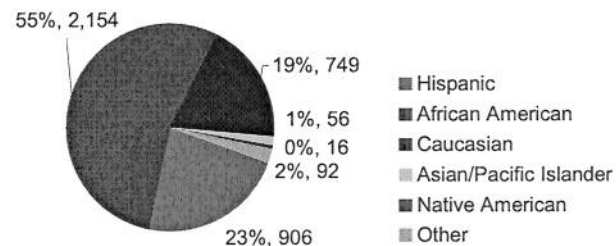
Gender

While approximately 59 percent of the homeless population in Los Angeles County consists of adult men,⁵ of the 3,950 participants whose gender was provided, 51 percent (2,031) were male, 48 percent (1,911) were female, and one percent was transgender.

Race/Ethnicity

Chart 3 shows 55 percent of HPI participants were African American, which compares to the total homeless population. Similarly representing the total homeless population, 23 percent of participants were Hispanic and 19 percent Caucasian. The remaining three percent of participants included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

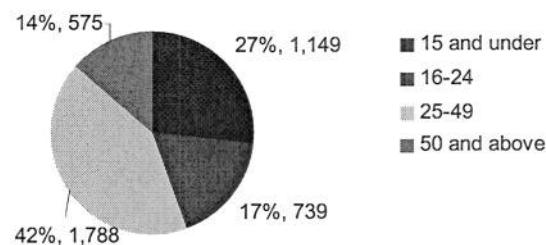
Chart 3: Race of HPI Participants (n=3,973)



Age

Compared to an average age of 45 years for homeless individuals in the County, 42 percent were between 25-49 years of age. Chart 4 shows that of HPI participants whose age was provided, 17 percent of participants were between the ages of 25-49, 27 percent were children less than 15 years of age, and 14 percent were 50 years of age and older.

Chart 4: Age of HPI Participants (n=4,251)



⁵ LAHSA 2007 Greater Los Angeles Homeless Count.

III. HPI SERVICE COMPONENTS

During July-September 2008, HPI provided participants with services in four core areas: 1) Housing/Housing Assistance, 2) Employment/Education, 3) Benefits Advocacy and Enrollment, and 4) Supportive Services. Programs were requested to provide information on services that were directly provided to clients. Referrals for services were to be included, if follow-up was made to verify participants received services.

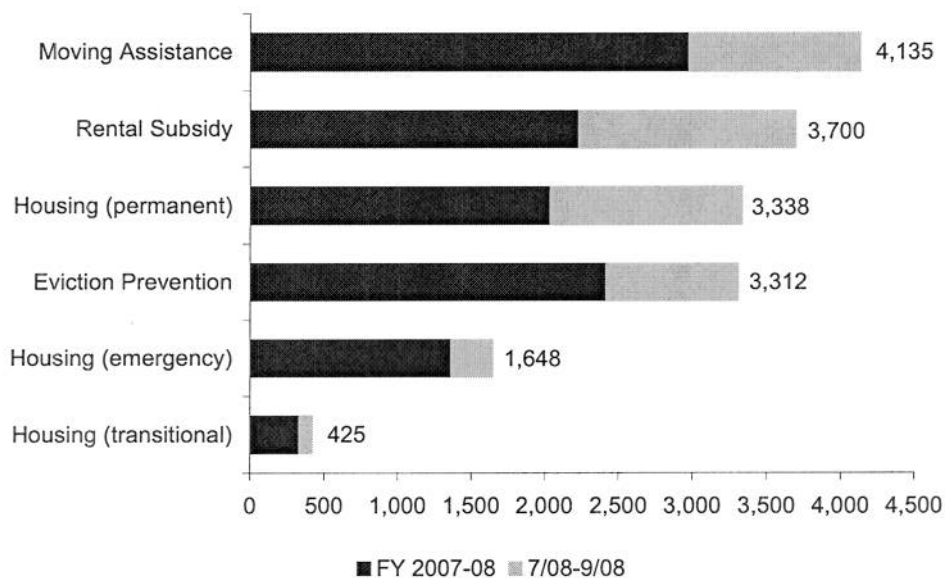
Housing/Housing Assistance

Eighteen programs provided housing assistance through moving assistance, eviction prevention, and rental subsidies. During the past year, a total of 10,373 participants received housing assistance to secure permanent housing. Table 2 shows 49 percent of participants who obtained housing assistance were families, 41 percent were individuals, and 10 percent were transition age youth. In addition, 3,111 participants received permanent housing with 70 percent being families, 16 percent transition age youth, and 14 percent individuals. Chart 5 shows a significant increase in the number of participants who received housing assistance and housing during the first quarter of this fiscal year.

Table 2: FY 2007-08	Housing Assistance		Emergency/ Transitional		Permanent Housing	
Homeless Individuals	4,145	40%	1,297	63%	238	8%
Chronic Homeless Individuals	183	1%	154	7%	201	6%
Transition Age Youth	1,013	10%	168	8%	485	16%
Homeless & At-Risk Families	5,032	49%	454	22%	2,187	70%
Total	10,373	100%	2,073	100%	3,111	100%

These additional services were not grouped by population: 224 housing assistance; 2 emergency housing; 227 permanent housing

Chart 5: HPI Participants Receiving Housing/Housing Assistance



The HPI Report Form requested additional information on transitional/emergency housing. This quarter, 11 programs placed participants into transitional or emergency housing, and four programs placed 64 participants into permanent housing upon exiting transitional or emergency housing. Participants in these programs spent an average of 58 days in temporary housing prior to permanent housing. Participant stay in temporary housing ranged from 5-193 days.

Employment/Education Services and Support

From July-September 2008, eight HPI programs reported a total of 376 program participants received job and/or education related supports (Table 3). Fifty-one percent of these participants received job training, referrals, or related resources. Participants in these programs included transition age youth, chronic homeless individuals and families on Skid Row, and participants with co-occurring disorders. As programs continue to make linkages to job and education related services and build infrastructure for data collection, these numbers are expected to increase. Knowing that 90 percent of the homeless in Los Angeles are unemployed,⁶ providing them with the support to overcome barriers in obtaining and maintaining employment will assist them in attaining greater self-sufficiency.

Table 3: Jobs/Education	FY 2008-09, First Quarter	Cumulative	Percent
Job training/referrals/resources	187	231	51%
Job placement (employment)	117	127	28%
Education (course, class, books)	72	93	21%
Total number of services provided:	376	451	100%

Benefits Advocacy and Enrollment Assistance

For participants who entered programs in need of specific public benefits, 12 HPI programs reported enrolling homeless individuals and families. Table 4 shows that through September 2008, homeless individuals were enrolled into General Relief, which consisted of 73 percent (2,370) of all benefit enrollments. Ten percent of participants were enrolled into Supplemental Security/Disability Income (SSI/SSDI), and 10 percent received Section 8 or Shelter Plus Care to secure permanent housing. This quarter, five times as many participants received SSI/SSDI and Shelter Plus Care, which had the greatest increases from FY 2007-08.

Table 4: Benefits	FY 2008-09, First Quarter	Cumulative	Percent
General Relief (& Food Stamps)	302	2,057	63%
SSI/SSDI	275	323	10%
General Relief only	59	313	10%
Shelter Plus Care	167	200	6%
Section 8	44	140	4%
Medi-Cal or Medicare	29	103	3%
CalWORKs	38	66	2%
Food Stamps only	14	54	2%
Veterans	4	5	0%
Total number of benefits provided:	932	3,261	100%

⁶ Bring L.A. Home: The Campaign to End Homelessness; LAHSA 2005 Homeless Count.

Supportive Health and Human Services

During the first quarter of FY 2008-09, 13 programs made 5,620 linkages between participants and supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 5 shows 37 percent (2,090) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 12 percent (677) received mental health care, and 10 percent (581) acquired life skills.

While more programs did report on supportive services during this period, it is possible that other programs linked participants to these services. Additional data collection and reporting of supportive services could show that more individuals and families are receiving such services, especially those with multiple needs. Knowing that 74 percent of the homeless population have a physical or mental disability, depression, alcohol or drug use, or chronic health problems,⁷ linking these individuals and families with health care, mental health care, and substance abuse treatment is critical.

Eleven programs reported providing case management services, and eight programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.⁸ Hours provided to each participant per month ranged from 3-66 hours (average of 7 hours) with an average caseload of 21 cases per case manager.

Table 5: Supportive Services	FY 2008-09 First Quarter	Percent	FY 2007-08
Case management	2,090	37%	2,257
Mental health care	677	12%	142
Life skills	581	10%	676
Transportation	494	9%	615
Alternative court	474	9%	286
Health care	432	7%	183
Social/community activity	256	5%	51
Tenant rights/responsibilities	270	5%	-
Food vouchers	118	2%	414
Substance abuse treatment (outpatient)	90	2%	89
Clothing/hygiene	56	1%	80
Recuperative care	55	1%	45
Substance abuse treatment (residential)	17	0%	22
Legal services	6	0%	15
Detox	1	0%	5
Total number of services provided to participants:	5,620	100%	4,880

⁷ LAHSA 2007 Greater Los Angeles Homeless Count.

⁸ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

IV. LONGER-TERM OUTCOMES

The HPI Report Form requested for programs to report on three outcome areas for participants receiving services for six months or longer. The three outcome areas were: 1) housing stability, 2) education and employment status, and 3) health and well-being. Four programs that served chronic homeless individuals, transition age youth, and homeless individuals reported on these longer-term outcome areas. As additional programs follow up with clients in the future, more information on longer-term outcomes may be collected. By following up and collecting data on participants, a better understanding of the impact of HPI on achieving housing stability and overall well-being could be gained. Table 6 shows participant outcomes for four programs in each of the three outcome categories.

Highlights of these outcomes for this past quarter include:

- **Housing Stability:** A total of 988 participants continued to live in permanent housing and/or receive rental subsidy.
- **Employment/Education:** A total of 98 participants maintained employment and 70 became employed.
- **Health and Well-Being:** Of participants continuing to receive services for six months or more, 863 continued to receive case management, 204 received mental health services, and 190 received health care.

Table 6: Outcome Category	FY 2008-09, First Quarter
Housing Stability	
Continuing to Live in Housing (permanent)	194
Receiving Rental Subsidy	794
Employment/Education Status	
Obtained employment	70
Maintained employment	98
Enrolled in educational program, school	44
Received high school diploma/GED	-
Health and Well-Being (for participants continuing services)	
Case management	863
Health care/medical	190
• Good or improved physical health status	34
Mental health/counseling	204
• Good or improved mental health status	24
Substance abuse treatment (outpatient)	-
Substance abuse treatment (residential)	88
• No drug use	1
Reunited with family	15

V. QUALITATIVE INFORMATION (NARRATIVE)

Program Successes, Challenges, and Action Plans

Each quarter, the HPI Report Form requests information from County Departments about each program's successes, challenges, and action plans. The narrative section for all programs is included in Attachment B of each quarterly report. A review of the narrative section within the quarterly reports has identified four common themes in implementing strategies to decrease and prevent homelessness. In addition, the FY 2007-08 report provides specific programmatic examples of the following four elements: collaborative partnerships, innovative processes, outreach strategies, and leveraged funds.

1. Develop and strengthen **collaborative partnerships** between County departments and community-based agencies to ensure a seamless and integrated service system.
2. Support **innovative processes** that promote information sharing between service providers to better meet clients' housing and service needs.
3. Expand **outreach strategies** and education efforts to provide specialized supportive services and housing to more homeless and at-risk individuals and families.
4. **Leverage funds** to expand access to housing and services for more homeless and at-risk individuals and families.

Client Success Stories

Client success stories were also requested from each program. All stories are organized by program in Attachment B. The stories illustrate the impact HPI has made on many lives, as shown through the words of participants and providers.

"I would like to thank you all for having given me another chance to get myself and my life back together."
— Co-Occurring Disorder Court Program participant

A client was released from the Men's Central Jail last January. He was able to find employment and is now taking classes to become a drug and alcohol counselor. The client recently wrote to thank the Civic Center District staff for their assistance.

— DPSS-Sheriff Homeless Release staff

After one year and nine months of treatment at a residential recovery program for men dealing with addiction to drugs and alcohol, Client A's case manager applied to Homeless Court on his behalf. Although Mr. A only had one outstanding citation on his record, this citation was a significant barrier for him in achieving his goal of becoming a licensed vocational nurse (LVN). When Mr. A had a job interview, he could not be hired because of his unresolved citation. Through the Homeless Court Program, Mr. A's citation was dismissed, and he is now living independently in his own apartment and enrolled in school, working towards his LVN degree.

— Los Angeles County Homeless Court Program staff

VI. RECOMMENDATIONS

Through September 2008, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we will continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live. The lessons learned make it clear that:

- More linkages between various supportive services as well as housing is critical to create self sustainability for the homeless;
- Greater availability of affordable and subsidized housing would move more homeless residents into safe housing;
- Information sharing and improved data collection would enable more learning about clients' needs and program progress; and
- Opportunities for joint problem solving among partners would build on existing strategies and overcome service delivery barriers.

By June 2009, the County departments will develop and obtain approval of a Countywide Homeless Services Integration Plan based on the lessons learned from the Homeless Prevention Initiative. The final plan will include the following elements:

- Expansion of Permanent Supportive Housing (PSH) in partnership with the CDC, four LA County Continuums of Care, Councils of Government, and the cities within the County;
- Institutionalization of successful projects from the Homeless Prevention Initiative (HPI) and lessons learned from the HPI, County hospital and jail discharge policies, completed cities' 10 year plans to end homelessness, "Bring LA Home;"
- Continued development of regional planning, partnership and collaboration; and
- Enhanced coordination of existing Homeless Services system and programs within the County.

In summary, the CEO will continue to develop public private partnerships with cities and communities throughout the County to create regional solutions to address and end homelessness. To ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County Departments, LAHSA, CDC, and cities to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. These monthly meetings are chaired by Deputy Chief Executive Officer, Miguel Santana and his staff. Each of these efforts and your Board's continued investment will ensure that the initiative to end the homeless crisis throughout Los Angeles is successful.

I. Table of Homeless Prevention Initiative (HPI) Programs

Program	Indicator (to date)	Target	Funding	Budget
Families (II)				
1. Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	3,272 families received eviction prevention to prevent homelessness	2,079	One-Time	\$500,000
2. Moving Assistance for CalWORKs and Non-CalWORKs Homeless Families	1,975 families received moving assistance and permanent housing	1,305 450	One-Time	\$1,300,000
3. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	107 families received rental subsidies to prevent homelessness	1,475	One-Time	\$4,500,000
4. Housing Locators	486 families placed into permanent housing	n/a	DPSS	\$3,000,000
5. Skid Row Families Demonstration Project	227 families have been placed into permanent housing	300	Board Approved	\$9,212,000
Transition Age Youth (III)				
6. Moving Assistance/Rental Subsidies for TAY – DCFS	253 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
7. Moving Assistance/Rental Subsidies for TAY – Probation	271 TAY received rental subsidies 11% recidivism rate (compare to 30%)	335 3yr	One-Time	\$1,750,000
Individuals (IV)				
8. Access to Housing for Health (AHH)	50 clients placed into permanent housing 83% decrease in hospitalizations; 74% in ER visits.	115 cap	Board Approved	\$1,500,000
9. Co-Occurring Disorders Court	46 participants placed into permanent housing	n/a	Ongoing HPI	\$200,000
10. DPSS General Relief Housing Subsidy & Case Management Project	985 homeless GR participants received moving assistance	900 time	Ongoing HPI	\$4,052,000
11. DPSS-DHS Homeless Release Project	267 potentially homeless individuals received benefits	n/a	Ongoing HPI	\$588,000
12. DPSS-Sheriff's Homeless Release Project	1,923 individuals received benefits	n/a	Ongoing HPI	\$1,097,000
13. Homeless Recuperative Care Beds (DHS)	97 patients admitted to recuperative care beds	490/2yr	One-Time	\$1,320,000
14. Housing Specialists (most clients are individuals)	403 placed into permanent housing	n/a	DMH MHSA	\$923,000
15. Jail-In Reach Program (new program)	30 individuals linked to public benefits	Individuals 400/2 yr	One-Time	\$1,500,000
16. Los Angeles County Homeless Court Program	328 individuals with citations or warrants dismissed	n/a	Ongoing HPI	\$379,000
17. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	98 single adults received moving assistance to prevent homelessness	until 2,000	One-Time	\$1,100,000
18. Project 50	44 chronic homeless individuals placed into permanent housing	50	One-Time	\$3,600,000
19. Santa Monica Homeless Community Court (as of August 2008)	73 individuals with citations or warrants dismissed	90	Board Approved	\$540,000
Multiple Populations (V)				
20. Los Angeles County Housing Resource Center	1.5 million housing searches conducted	n/a	Ongoing HPI	\$202,000

I. Table of Homeless Prevention Initiative (HPI) Programs

Program	Indicator (to date)	Target	Funding	Budget
21. Pre-Development Revolving Loan	4 loans totaling \$16.17 million to CDC in October	n/a	One-Time	\$20,000,000
22. PATH Achieve Glendale	Program to be launched			\$150,000
23. PATH Partners/Gateways to Housing Initiative	-	n/a	Ongoing	\$135,000
24. City and Community Program -CCP(VI)	\$11.6 m capital development/housing units \$20.6 m City Community Programs	Individuals, Families	One-Time	\$32,000,000
25. San Gabriel Valley Council of Governments -COGs (VIII)		n/a	Ongoing	\$200,000
26. Long Beach Veterans	Data to be provided in next status report	250 Individuals	Ongoing HPI	\$500,000
27. SSI and Other Benefits Advocacy Program	Program to be launched	Individuals	One-Time	\$2,000,000
HPI Funding Total (excludes Board approved operational support (FY 2006-07), administrative, evaluation, and LAHSA contracted programs)				\$90,075,000

City and Community Program (CCP) Funds		Service (\$)	Capital (\$)
A Community of Friends – Permanent Supportive Housing Program		\$1,800,000	
Beyond Shelter Housing Dev. Corp. – Mason Court Apartments			\$680,872
Catalyst Foundation for AIDS Awareness and Care – Expansional Supportive Services Antelope Valley		1,800,000	
Century Villages at Cabrillo, Inc. – Family Shelter EHAP I & II			1,900,000
City of Pasadena – Nehemiah Court Apartments		102,685	858,587
City of Pomona – Community Engagement & Regional Capacity Building		913,975	
City of Pomona – Integrated Housing & Outreach Program		1,239,276	
CLARE Foundation, Inc. – 844 Pico Blvd., Women's Recovery Center			2,050,000
Cloudbreak Compton LLC – Compton Vets Services Center		322,493	1,381,086
Homes for Life Foundation – HFL Vanowen		369,155	369,155
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley		900,000	
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Long Beach		1,340,047	
Ocean Park Community Center (OPCC) – HEARTH		1,200,000	
Skid Row Housing Trust – Skid Row Collaborative 2 (SRC2)		1,800,000	
So. California Housing Development Corp. of L.A. – 105 th and Normandie		200,000	600,000
So. California Alcohol & Drug Programs, Inc. – Homeless Co-Occurring Disorders Program		1,679,472	
Special Services for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program		1,800,000	
The Salvation Army – Bell Shelter Step Up Program			500,000
Union Rescue Mission – Hope Gardens Family Center		756,580	646,489
Volunteers of America of Los Angeles – Strengthening Families		1,096,930	
Women's and Children's Crisis Shelter		1,000,000	
Total for Service and Capital		300,000	
Grand Total for CCP		\$18,620,613	\$8,986,189
		\$27,606,802	

For this report, unless specified: Quarter refers to the first quarter of FY 2008-09 (July 1, 2008 – September 30, 2008). Where applicable, cumulative refers to the number of clients served to date.

II. PROGRAMS FOR FAMILIES

1, 2, 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	\$500,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$4,500,000

**Table A.1: DPSS Services for Families by Program
FY 2008-09, First Quarter**

Program (unduplicated count)	Quarter	Cumulative
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	864 received eviction prevention	3,272 received eviction prevention
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	489 received moving assistance and permanent housing	1,975 received moving assistance and permanent housing
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	28 received rental subsidies for permanent housing	107 received rental subsidies for permanent housing

**Table A.2: DPSS Measures by Program
FY 2008-09, First Quarter**

Program (unduplicated count)	Number of applications received		Percent of applications approved		Average amount of grant	
	Qtr	To date	Qtr	To date	Qtr	FY 07-08
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,211	4,871	71%	67%	\$546	\$589
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	643	2,934	76%	67%	\$605	\$629
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	28	109	100%	98%	\$450	\$150

Each program reported an average of three business days to approve an application.

1) Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families

Successes: Of the 489 families receiving MA benefits for the reported quarter, 486 families received assistance through MA for CalWORKs families and three families received MA for non-CalWORKs families.

Challenges: A major challenge is a lack of funding to preserve and maintain the program in order to assist families from becoming homeless. During the first quarter of FY 2008-09, approvals for applications increased by 19 percent compared to the last quarter of FY 2007-08. This represents an increase in expenditures. With limited funding, it is already a challenge to maintain services during FY 2008-09.

Action Plan: The Department is working internally and with the CEO to develop new and creative ideas to sustain this program.

Client Success Story: A homeless family, consisting of a single mother and her three children, was referred to a DPSS Homeless Case Manager (HCM). With the assistance of the HCM and available resources such as Housing Locator Services and rental listings from the Los Angeles County Housing Database, the family was able to find housing in the City of Azusa. Permanent housing was secured with funds from the DPSS CalWORKs Moving Assistance Program. Moreover, the mother is now ready to search for employment and fulfill her educational goals.

2) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families

Successes: One family who received Moving Assistance also qualified for a rental subsidy. This additional benefit helped the family to maintain their newly acquired permanent housing.

Challenges: During the first quarter of FY 2008-09, there was a 35 percent decrease in the number of applications approved from the last quarter in FY 2007-08. Presumably, due to the state of the economy, families are not able to find housing and are staying longer in emergency shelters/transitional housing.

Action Plan: The Department continues to conduct outreach with emergency shelters and transitional housing facilities to promote the program and assist case managers in identifying potential candidates for the program.

Client Success Story: A single mother and her two children were referred to an HCM. The HCM secured emergency shelter for the family at Path Achieve-Glendale and enrolled the participant into the DPSS Greater Avenues for Independence (GAIN) Program. The participant was very determined to find permanent housing. With the assistance of the HCM and the Los Angeles County Housing Database, the participant was able to find permanent housing within a few days. Funds from the Homeless Assistance Program helped the participant to secure permanent housing. As a result, the participant moved from an emergency shelter into permanent housing, and funds from the 12-Month Rental Subsidy Program will assist the participant to maintain permanent housing.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: During this quarter, 864 families accessed emergency assistance to prevent eviction from permanent housing.

Challenges: A major challenge is a lack of funding to preserve and maintain the program and continue to assist families from becoming homeless.

Action Plan: DPSS is committed to evaluating families for the State-approved California Work Opportunity and Responsibility to Kids (CalWORKs) Homeless Assistance (HA) Program.

Client Success Story: Ms. X fell on to hard times after she lost her job. She was served with an eviction letter due to not being able to pay her monthly rent. With the help of the EAPE, Ms. X was able to retain permanent housing for herself and her children.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$3 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures
FY 2008-09, First Quarter

(unduplicated count)	Quarter	Cumulative
Homeless Families	400	1,614
Housing (permanent)	123	486
Number of referrals to Program	400	1,614
Average time to place family (days)	60 within 30 days 32 within 60 days 31 within 180 days	120-180

Successes: With the assistance of the Housing Locator program, a total of 400 families were able to receive services this past quarter. The Housing Locators were able to assist 123 of these families in obtaining affordable permanent housing. Approximately 1,614 homeless families have been referred to the Housing Locator program to date. This has resulted in a total of 486 families being placed into permanent housing.

Challenges: Due to the income limitations of our CalWORKs families, and the extremely high cost for shelter (housing market), not all families were placed into affordable permanent housing.

Action Plan: At this time, due to the County budget, the Housing Locator contract will be terminated in December 2008.

Client Success Story: Participant A was referred to the Housing Locator by his/her Homeless Case Manager. With the assistance of the Housing Locator, the participant and his/her family were able to locate and obtain affordable permanent housing. The participant is very appreciative of the assistance received from the Housing Locator program.

5) Skid Row Families Demonstration Project

Goal: Locate 300 families outside of Skid Row and into permanent housing.

Budget: \$9,212 million (Board Approved Funding)

Table A.4 : Skid Row Families Demonstration Project Participants and Services				
FY 2008-09, First Quarter				
(unduplicated clients)	Cumulative (9/30/08)		Quarter	FY 2007-08
(duplicated services)				
Homeless Families	300	Moving Assistance	37	123
(individuals)	1,084	Eviction Prevention	15	-
Female	273	Housing (emergency/transitional)	14	278
Male	27	Housing (permanent)	104	123
		Rental subsidy	18	14
Hispanic	68			
African American	187	Education	1	2
White	12	Job training/referrals	15	25
Asian/Pacific Islander	3	Job placement	3	6
Native American	-	Section 8	9	65
Other	30			
		Case management	137	254
15 and below	619	Life skills	220	254
16-24	80	Mental health/counseling	14	17
25-49	295	Transportation	130	410
50+	15	Food vouchers	118	390
Program Specific Measures			Quarter	FY 2007-08
Number of families enrolled in project			-	300
Number of families relocated from Skid Row area within 24 hours			-	-
Number of families placed into short-term emergency housing			-	300
Number of adults received referrals to community-based resources and services			180	420
Number of children received intervention and services			380	850
Number of families received monitoring/follow up after 6 months case management			89	64
Number of families no longer enrolled (termination or dropped out of program)			5	50
Number of families received an eviction notice during the last 3 months			2	-
Number of families who lost their permanent housing during the last 3 months			3	-
Emergency Housing/Case Management				
Average length of stay in emergency housing:				90 days
Most frequent destination (permanent housing):				227 families
Case management (level 2)				
Average number of case management hours for each participant per month:				26 hours
Total case management hours for all participants during current reporting period:				3,564 hours
Number of cases per manager:				15 cases

Additional measures to be provided after close of program:

- Gainful Employment - (Number of individuals who obtained employment)
- Access to appropriate and necessary Mental Health or substance abuse treatment - (Number of individuals who received mental health services, Number of individuals who received substance abuse treatment)
- Educational stability for children - (Number of children)
- Socialization/recreational stability for children - (Number of children)
- Services to assist domestic violence victims - (Number who received domestic violence services/counseling)

Successes: As of September 30, 2008, 227 Skid Row families have been assisted in moving into permanent housing, through the utilization of HACLA Section 8 vouchers, utilization of shallow subsidies for Fair Market Value rentals, and placement of some families into subsidized, service-enriched, affordable housing complexes owned by Beyond Shelter. Fourteen families were in emergency or transitional housing. ***Effective September 30, 2008, a total of 10 families have completed 12 months in permanent housing and graduated from the program.***

Challenges: The issue of unemployment remains a serious problem, as their limited incomes prevent them from moving into permanent housing. In order to increase income, these families are referred to the Beyond Shelter Employment Department for assistance in obtaining employment, however, there is tremendous difficulty in securing employment. There is also great mental health anguish involved.

Action plan: Ongoing case management services assist families with emotional support and community referrals during their housing search. Creative planning with property owners, including utilizing shallow subsidies and weekly rent installments, will continue to help. Future plans are in development to link homeless families with faith-based resources to provide additional support.

Client Success Story: Client A is a 25-year-old mother of two children, one child is four years of age and the second child is a newborn baby. The client suffers from post traumatic stress disorder (PTSD) as a result of seeing her daughter's father murdered in a drive-by shooting in Los Angeles. The client was pregnant with her daughter at the time of the shooting. The client's husband was not gang affiliated, he simply happened to be in the wrong place at the wrong time. She then suffered from PTSD, and became homeless when she stopped working and was unable to pay her rent. At that time, she and her daughter had nowhere left to turn and sought shelter at the Union Rescue Mission on Skid Row. From there, the client was immediately referred to Beyond Shelter and was moved into a hotel outside Skid Row that same day. Then, the family was moved into a master leased apartment funded by the demonstration project, and Beyond Shelter provided the family with home furnishings and essential items.

Beyond Shelter assisted this client in applying for a Section 8 voucher, and once it was issued, helped her to locate an apartment, access move-in funds, and negotiate the lease. This family happily moved into permanent housing in December 2007. Soon after, the client gave birth to a beautiful baby girl. With a great deal of support from her case manager, including referrals to counseling, she feels that she is finally overcoming some of the stress and the sadness that she experienced after the loss of her husband. This young mother continues to receive case management support from Beyond Shelter on a monthly basis and is grateful to be able to provide a home for her young children.

III. PROGRAMS FOR TRANSITION AGE YOUTH

6 and 7) Moving Assistance for Transition Age Youth

Goal: Assist transition age youth to move into and secure permanent housing.

Budget: \$3.5 million (One-Time Funding)

Table B.1: Moving Assistance for Transition Age Youth Participants					
FY 2008-09, First Quarter					
	Total	Probation		DCFS	
	Quarter	Quarter	Cumulative	Quarter	**Cumulative
Transition Age Youth	*341 (100%)	*68 (new)	271	179 (all)	253
Female	167 (68%)	34	123	133	-
Male	80 (32%)	34	148	46	-
Hispanic	57 (23%)	19	66	38	-
African American	182 (74%)	47	194	135	-
White	4 (2%)	-	8	4	-
Asian/Pacific Islander	3 (1%)	2	3	1	-
Native American/Other	-	-	-	-	-
16-24	247 (100%)	68	271	179	-

*During the First Quarter of FY 2008-09, 162 TAY were enrolled; 94 TAY continued from the previous fiscal year.

**FY 2007-08 DCFS demographic participant data was duplicative; future reports will aggregate this data.

Table B.2: Moving Assistance for Transition Age Youth Services					
FY 2008-09, First Quarter					
(unduplicated count)					
	Total	Probation		DCFS	
	Quarter (all)	Quarter	Cumulative	Quarter	Cumulative
Moving Assistance	274	59	180	39	94
Rental Subsidy	608	103	271	141	337
Housing (permanent)	415	68	271	29	162
Any supportive service ⁺	165	48	101	19	64
Education	10	9	-	19	10
Job training, referrals	4	-	-	-	4
Job placement	81	39	81	-	-
Case management	196	162	271	179	253
Life skills	8	-	-	8	8
Mental health	1	-	-	1	1
Transportation	17	-	-	17	17
Food vouchers, clothing	24	-	-	10	24

⁺Probation does not break down supportive service by type, except for job placement.

Table B.3: Longer-term Outcomes for Transition Age Youth		
(6 or more months), FY 2008-09, First Quarter		
	Probation	DCFS
Continuing to live in housing	51	56
Obtained employment	39	15
Maintained employment	130	46
Enrolled in educational program/school	9	23
Received high school diploma/GED	-	-

**May be less than 6 months

**Table B.4: Program Specific Measures for Transition Age Youth
FY 2008-09, First Quarter**

	Probation		DCFS	
	Quarter	Cumulative	Quarter	Cumulative
Number of new approvals	70	355	59	264
Average cost per youth	\$3,964	\$3,815	\$925.85	\$2,663
Number of program participants satisfied with program services	70 (of 70)	157 (of 157)	36	105
Number of pregnant/parenting youth placed in permanent housing	28	82	7	68
Number exited housing	21	48	59	235
Number remaining in permanent housing and receiving assistance at 6 months	n/a	n/a	11	48

Probation – Moving Assistance for TAY

Successes: Transitioning young Probationers from jail, camp, placement, gang related environments and/or an unstable family situation is difficult. ***The overall recidivism rate for Probation is approximately 30 percent, and to date, the re-offend rate for TPP participants is 11 percent.*** This appears significant and it will be interesting to track whether or not this is sustained over the next year. From last quarter, the recidivism rate slightly increased to 11 from 10 percent.

Challenges: Currently, meeting continuing needs with the remaining resources is a challenge. Probation has used more than half of funds for this fiscal year and may have to stop recruiting participants in January. The program will focus on helping participants gain self-sufficiency by connecting youth to job training and employment opportunities. By linking youth with jobs that can pay rent, they will gain greater stability and independence. Another challenge is keeping contact with participants. Youth often do not have a land-line phone and tend to use disposable phones so their numbers change frequently.

Action Plan: Probation plans to leverage funds with other HPI programs to better service clients. Such programs include DMH Full Service Partnerships and DPSS programs serving families and individuals. As mentioned, the program will focus on temporary housing and connect existing participants with better employment opportunities.

Client Success Story: One young woman has been in housing with her two sons for over a year. She is working on her GED and recently found employment as a career development intern with DPSS.

DCFS – Moving Assistance for TAY

Successes: The program continues to have great success. During the first quarter, 179 youth participated. A total of 122 youth received ongoing services, and 59 youth received new approvals. The program provided moving assistance to 39 youth. Average spending was \$53,000 per month.

Challenges: The program continues to face challenges in maintaining contact with youth. The majority of youth use cell phones, and telephone numbers change frequently. Moreover, it is extremely difficult to conduct the follow-up reviews, if they are no longer receiving assistance.

Action Plan: DCFS will attempt to conduct more frequent follow-up with the youth. In addition, we are also obtaining email address as another avenue to maintain contact.

Client Success Story: A 21-year old female college student, who receives SSI, moved in with her boyfriend after knowing him for six weeks. Shortly after they moved in together the boyfriend became physically abusive, and the youth was forced to relocate. She had no funds to secure alternate housing. She was forced to sleep in her car and also spent several nights with relatives who reside 150 miles away. With assistance from DCFS, the youth was able to locate housing and will receive move-in fees for six months of rental assistance.

IV. PROGRAMS FOR INDIVIDUALS**8) Access to Housing for Health (AHH)**

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$1.5 million (Board Approved Funding)

Table C.1 : Access to Housing for Health Participants and Services
FY 2008-09, First Quarter

(unduplicated count)	Quarter	Cumulative		Quarter	Cumulative
Homeless Individuals	4	4	Education	-	2
Chronic Homeless	48	66	Job training	-	1
Homeless Families	3	3	Job placement	-	2
Female	22	26			
Male	40	48	General Relief	7	54
			Food Stamps only	-	1
Hispanic	17	20	Medi-Cal/Medicare	-	29
African American	26	35	Section 8	4	34
White	19	25	Public Housing Certificate	3	10
Asian/Pacific Islander	-	1	SSI/SSDI	-	23
Native American	-	-		Quarter	FY 07-08
Other	-	-	Case management	55	66
			Health care	55	66
15 and below	6	13	Life skills	55	66
25-49	21	31	Mental health/counseling	55	15
50+	35	44	Substance abuse (outpat.)	8	15
			Transportation	55	66
Moving Assistance	7	45			
Housing (emergency)	17	83			
Housing (permanent)	7	50			
Rental subsidy	7	45			
Program Specific Measures				Quarter	Cumulative
Number of referrals				49	439
Number admitted to program (enrolled)				8	74
Pending applications				3	3
Number that did not meet eligibility criteria				38	282
Number of exited clients				3	23
Of the current AHH enrollees, number of inpatient admissions				1	6
Number of ER visits after program enrollment				4	37
Number of new AHH enrollees that have a primary healthcare provider				8	74
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:				193 days, 50 into permanent housing	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				12 hours	
Total case management hours for all participants during current reporting period:				96 hours	
Number of cases per case manager:				12 cases	

Successes: Since March 1, 2007 - September 30, 2008, a total of 44 clients have been placed into permanent housing (County Section 8, City Section 8, or County Public Housing); six persons were placed in alternative housing arrangements, such as nursing or board and care facilities; and a total of 17 persons have exited the program. At the end of the quarter, a total of eight persons were receiving emergency housing and were pending permanent housing placement. Clients in permanent housing continue to receive case management services.

Table C.2: Longer-term Outcomes FY 2008-09, First Quarter	6 mo.	12 mo.
Continuing to live in housing	9	5
Receiving rental subsidy	9	5
Obtained employment	-	-
Maintained employment	-	2
Enrolled in educational program	1	-
Case management	27	24
Health care	24	24
Substance abuse treatment (outpatient)	3	-
Reunited with family	2	5

There are 17 individuals that reached their one year mark since enrolling in AHH during the July to September 2008 quarter. They had a combined total of 54 Emergency Department visits during the 12 months prior to AHH enrollment. ***Post enrollment, the clients had a combined total of 14 Emergency Department visits for a 74 percent reduction.***

The same 17 individuals had a combined total of 17 inpatient visits (totaling 90 days) prior to AHH enrollment. ***Post enrollment, the clients had a total of 4 inpatient visits (totaling 15 days) for an 83 percent reduction in inpatient days.***

An additional success of the program has been the increase in eligible referrals. Staff continues to conduct outreach at the DHS hospitals as well as with community providers.

Challenges: An on-going challenge for the AHH program is accessing funds from the DPSS - HPI Move-In Assistance Program. Since March 2007, only two clients have successfully received assistance with move-in/appliance funds through the program, although the majority of the AHH clients were eligible. DHS, DPSS, and Homeless Healthcare Los Angeles (HHCLA) have met various times over the year to discuss barriers and potential remedies.

Action Plan: DHS, DPSS, and HHCLA will continue to work together and discuss how to secure these funds. In the meantime, HHCLA will continue to pay the move-in fees for clients through the AHH budget. Unfortunately, there will be less AHH funds left over to fund other essential move-in items such as furniture, turning on utilities, apartment applications, credit checks, etc.

Client Success Stories: Mr. J is a 57-year-old African American male who was diagnosed with Hepatitis C in 2005. Mr. J also has a history of substance abuse and has been clean and sober for more than 20 years. He has cirrhosis of the liver, diabetes, and vertigo. He receives medical treatment at LAC+USC Medical Center, Harbor-UCLA Medical Center, and the Edward R. Roybal Comprehensive Health Center. Mr. J is divorced, has no children, and had been working as a self-employed painter until March 2007. Before entering AHH, he had been homeless for nine months and living in his car.

Mr. J entered the program in June 2008 and was assisted with an application for public housing. It was determined that public housing would be beneficial for Mr. J due to the additional case management services available on-site. In August 2008, he was approved for Supplemental Security Income (SSI) and in September he moved into a public housing unit. His increase in income allowed him to save money and furnish his unit. Due to his previous homeless status, he could not be placed on the liver transplant list. Transplants require long recovery periods and candidates need stable living arrangements, so that they may receive proper nutrition, regular rest, and maintain their on-going medical appointments. Currently, he is currently on the list and is awaiting a liver.

9) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C. 3: Co-Occurring Disorders Court Participants and Services
FY 2008-09, First Quarter (Point in Time)

(unduplicated count)	Quarter	Quarter	
Chronic Homeless	49	Education	12
Homeless Individuals	1	Job training/referrals	10
Transition Age Youth	1	Job placement	1
		CalWORKs	1
Female	29	General Relief (GR,FS)	9
Male	22	Food Stamps only	2
		Medi-Cal/Medicare	26
		SSI/SSDI	25
Hispanic	6	Shelter Plus Care	1
African American	42		
White	3	Alternative Court	47
		Case Management	47
	2	Health care/medical	36
16-24	32	Life Skills	47
25 -49	17	Mental health/counseling	47
50+		Social/community activity	29
		Substance abuse (outpatient)	42
Housing (emergency)	4	Substance abuse (residential)	8
Housing (permanent)	*33	Transportation	47
Rental Subsidy	19	Clothing	26
	*46 placed into permanent housing to date	Personal Hygiene	30
Longer-term Outcomes		6 mo.	12 mo.
Continuing to live in housing		7	7
Receiving rental subsidy		3	2
Enrolled in educational program, school		5	3
Case management		14	10
Health care		14	10
Good or improved physical health		14	9
Mental health/counseling		14	10
Good or improved mental health		14	10
Substance abuse treatment (outpatient)		7	10
Substance abuse treatment (residential)		-	-
No drug use		7	4
Reunited with family		12	2
Emergency Housing/Case Management			
Average stay in emergency housing:		12 days	
Number placed into permanent supportive housing:		3 participants	
Level 3 Assisted/Supported Referral and Counseling case management services			
Average case management hours for each participant per month:		7 hours	
Total case management hours for all participants during current reporting period:		945 hours	
Number of cases per case manager:		7 cases	

Table C.4: Program Specific Measures	Quarter	Cumulative
Number of clients screened for enrollment	70	359
Number of clients accepted for observation	18	69
Total number of clients enrolled	12	60
Number of clients pending enrollment	6	13
Number of clients not meeting Program criteria	23	166
Number of clients rejecting/dropping out prior to enrollment	13	96
Number of clients lost during follow-up process	3	6
Number of participants in ER/crisis stabilization while enrolled in program	9	17
Average length of hospital stay (days)	6	9
Number of participants who have a primary healthcare provider while enrolled	17	38
Number of participants with new arrest(s)	9	17
Misdemeanor:	1	3
Felony:	8	10
Number of participants in jail	9	18
Average number of days in jail	31	36
		(FY 07-08)

Successes: An established peer-to-peer support group provides a powerful treatment tool in improving positive peer relationships and assists in sobriety, stable housing, commitment to treatment, and progress toward education and employment. DMH, the Court and Special Services for Groups (SSG) treatment staff work together to establish strong relationships with clients. As a result, many clients who relapse feel connected enough to the staff and program that they are willing to return and try again.

Challenges: SSG does not own private housing but contracts with two housing providers for supervised, stable housing. Since the house managers and other staff are not employed by SSG, there are issues (e.g., not catering to special dietary issues, level of cleanliness, and conflict resolution) that have not been handled with the expected standard of care or adequate sensitivity by the housing staff.

Action Plan: SSG Central Management is addressing these issues and will continue to provide on-site trainings for all housing managers in areas of communication, conflict resolution, mental health 101, and co-occurring disorders. SSG will write and provide written housing protocols and increase site visits weekly. Clients are also encouraged to provide feedback about their housing so issues can be investigated and addressed.

Client Success Story: After more than a year of homelessness, Client P was referred to the CODC program last April. Client P describes that he had "occasionally" been able to secure a shelter bed but on most nights would sleep on a street or in an alleyway. For 35 years, the client has been using drugs. He is the first to describe that his severe substance addiction has impacted all aspects of his life – from stable housing, to employment, education, and his relationships. Since his referral to the CODC program six months ago, he has successfully maintained his sobriety and has been stable in SSG Central housing, which he describes as "a real home, almost like a family." He knows his continued sobriety will be "a lot of work," but he is motivated to stay clean for the long run.

Client P has suffered from severe depression most of his life. He's been on anti-depressant medication for 10 years, but has been highly inconsistent about taking his medications. Over the past six months at SSG Central, Client P has learned about the importance of medication compliance and has been consistent in regard to his psychiatric and mental health treatment. Client P describes that he "rarely" feels depressed these days and acknowledges that his functioning has improved in all aspects of his life. Learning to talk about his substance cravings has been an important step, and he has begun to establish peer relationships that are strong enough for him to depend on when he's struggling with his sobriety. Client P has started attending computer classes. This is the first time he has been in any kind of education for over 40 years. He is happy to report that he is a quick learner and sees computers as "a new world that's opening up for him." Most significantly, after having been estranged from his family for 17 years while living on the streets, the client has initiated communication and visited his daughter. Client P regularly expresses his appreciation for being in the program. He gives hand-written notes and cards to his case manager talking about how wonderful his life is now and how happy he is that he was included in the program.

10) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rental subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2008-09, First Quarter

(unduplicated count)	Quarter		Quarter		
Chronic Homeless	254		Education	8	
Homeless Individuals	83		Job training/referrals	103	
			Job placement	52	
Female	115				
Male	222		SSI/SSDI	18	
			Section 8	1	
Hispanic	31		Veteran's	1	
African American	225				
White	71		Case management	885	
Asian/PI	6		Health care	61	
Native American	2		Life skills	17	
Other	2		Mental health/counseling	121	
			Substance abuse (resident)	25	
16-24	26		Transportation	55	
25-49	240				
50+	71				
	Quarter	FY 07-08			
Rental (housing) subsidy	858	1,535			
Moving assistance	125	860			
Case management	885	1,535			
Longer-term Outcomes			6 mo.	12 mo.	18 mo.
Receiving rental subsidy			435	200	63
Obtained employment			52	-	-
Maintained employment			48	-	-
Enrolled in educational program, school			11	-	-
Case management			435	200	63
Health care			54	24	25
Mental health/counseling			61	13	11
Substance abuse treatment (outpatient)			31	5	4
Reunited with family			1	1	-

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2008-09, First Quarter

(duplicated count)	Quarter	Fiscal Year
Number of applications received	411	Not available
Average number of business days to approve	20	20
Average amount of rental subsidy	\$285	\$300
Number of individuals re-entering program	41	Not available
Number of SSI approvals	18	Not available
Percent of SSI approvals	6%	Not available
Number of individuals disengaged from program	136	Not available

Level 1 Case Management (assessment)

Average case management hours for each participant per month:	2 hours
Total case management hours for all participants during current reporting period:	8,724 hours
Number of cases per case manager:	60 cases

Successes: Of all participants, 52 received job placements, and 80 percent were placed within this reporting period. Eighteen received SSI approvals, one received Section 8 approval; and one reunited with family.

Challenges: 1) A lack of affordable housing is available in the West Los Angeles area; 2) Participants move constantly; 3) Motivating the chronically homeless to maintain housing can be difficult; and 4) Maximizing the 900 allocation is a challenge due to high exit numbers.

Action Plan: The following are part of the Housing Locator's plan: 1) Request to identify more available housing in the West Los Angeles area; this was accomplished at a quarterly meeting held in October 2008; 2) monitor and evaluate participant's rental property changes and encourage them to maintain stable housing; 3) advise participants to seek assistance from their General Relief Housing Case Manager before making a decision to change rental property; and 4) encourage participants to visit and inspect rental property before they move in.

Client Success Stories: A couple was placed in an apartment and received MA to pay for last month's rent and a stove. Staff focused on getting them approved for SSI, and the wife was approved for SSI in September 2008. As part of transitioning from the program during the exit interview, case management staff discussed that she would pay her portion of the rent in full, and since the husband is enrolled in the project, his portion of the rent will be paid through the HPI Rental Subsidy Project.

As a result of Hurricane Katrina, Ms. L came to Los Angeles, and she found stability by housing provided through this project. Ms. L's General Relief Opportunities for Work (GROW) and Housing Case Manager assisted her in developing career goals, and she enrolled in a property management program at L.A. Trade Tech where she received a certificate of completion.

Mr. M is disabled and chronically homeless, and he was having difficulty living in an emergency shelter. He was then placed in shared housing for persons aged 50 and over. Mr. M loves his new environment, and he is now focused on going back to school and has applied for SSI benefits.

11 and 12) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$1.097 million (On-going Funding)

Table C.6 Homeless Release (unduplicated count)	Cumulative Total	DPSS-DHS		DPSS-Sheriff	
		Quarter	Cumulative	Quarter	Cumulative
Homeless Individuals	3,877	94	508	417	3,463
Homeless Families	1		1		
Female	190	18	*n/a	172	*n/a
Male	319	76		243	
Transgender	2	-		2	
Hispanic	102	20		141	
African American	180	44		206	
White	80	25		57	
Asian/PI	3	1		2	
Native American	2	1		1	
Other	11	1		10	
16-24	26	n/a		91	
25-49	240	n/a		273	
50+	71	n/a		53	
Housing (emergency)	158	20	**19	38	139
Average stay (days)	13	14	14	12	12
CalWORKs (approvals)	26	-	1	-	25
General Relief (w/FS)	1,690	22	201	218	1,511
General Relief only	249	5	64	29	190
Food Stamps only	35	-	1	12	34
SSI/SSDI	9	-	-	9	9
Veterans	3	-	-	3	3

*Information not available for FY 2007-08.

**Third and fourth quarter number substituted for fiscal year (unavailable).

Table C.7 Program Measures	Cumulative Total	DPSS-DHS		DPSS-Sheriff	
		Quarter	Cumulative	Quarter	Cumulative
Total referrals received	6,812	94	508	901	6,304
Total referrals accepted	4,428 (65%)	37	286	679	4,142
Of the total referrals accepted:					
Total approved	395 (Quarter)	27	*27	368	1,760
Total denied	81 (Quarter)	57	*57	24	86
Total pending release:	1,039 (Quarter)	7	*7	1,032	1,619
Releases/discharges	305	27	172	133	133
Number of applications					
Food Stamps	35	-	1	-	34
General Relief	1,939	49	287	306	1,701
CalWORKs	26	-	1	6	25

DPSS-DHS Homeless Release Project

Successes: Program staff reviewed 94 referrals and processed and approved 27 applications. Twenty housing (emergency) vouchers were requested and issued within 14 business days.

Challenges: The Project's outreach efforts are directed to a population in need of various programs, such as Food Stamps and Cash Aid. The servicing of this project is challenging, due to the participants' urgent medical needs. These patients are offered services in a hospital setting. They are often unable to apply for these services because of the time needed during the discharge process. Moreover, these patients are often discharged during hours when staff is not available. Consequently, the number of referrals to this program remains very low.

Action Plan: Due to the low number of referrals received in the DPSS/DHS Homeless Release Project, the Project was expanded to two private hospitals, White Memorial and Hollywood Presbyterian. The expansion was implemented on September 29, 2008. The next quarterly report will reflect this expansion.

DPSS-Sheriff Homeless Release Project

Successes: Many participants have expressed gratitude for the outreach by DPSS staff. They also exhibit renewed optimism once they understand they will receive temporary housing and expedited benefits upon release.

Challenges: Often, inmates are released during the evening or weekend hours, when DPSS staff is not available to provide services. Also, some inmates are transferred to other facilities to be released, and DPSS staff is not available at those facilities.

Action Plan: Bi-monthly meetings are scheduled with Sheriff's Department and DPSS staff to identify inmates participating in this program and plan for their release. Program participants are to be released during regular office hours and at facilities with available DPSS staff.

Client Success Story: Client P was released from the Men's Central Jail in January 2008. Mr. P was able to find employment and is now taking classes to become a drug and alcohol counselor. Mr. P. wrote to thank the Civic Center District staff for their assistance.

14) Housing Specialists- DMH

Goal: Assist homeless individuals, families, and transition age youth to obtain and maintain permanent housing. *Eighty-six percent of participants during FY 2007-08 were homeless individuals.*

Budget: \$923,000 (annually in MHSA funding)

Table C.9: Housing Specialists Program Specific Measures
FY 2008-09, First Quarter and FY 2007-08

(duplicated count)	Quarter	Fiscal Year
Number of referrals to program.	163	n/a
Number of property owners contacted.	330	898
Average time to place family.	n/a	n/a

Successes: During the first quarter of FY 2008-09, the Countywide Housing Specialists reported 86 individuals placed in permanent housing. Stay in permanent housing ranged from less than 30 days to up to 12 months. Of the 86 individuals, 30 have been housed in permanent housing for 30 days or less, 31 for three months, and 25 for six or more months (16 for six months, four for nine months and five for 12 months). Those individuals who have been housed over three months were initially housed during the previous fiscal year but are continuing to receive follow-up services to increase housing stability and retention.

Challenges: The Department's Projects for Assistance in Transition from Homelessness (PATH) grant received a significant reduction for FY 2008-09. The PATH grant, a federal program that provides funding to address the needs of people who are homeless and have serious mental illness is utilized across the DMH system with allocations to directly operate programs and contract agencies. One of the DMH programs that has been impacted by this reduction is the Move-in Assistance Program designed to provide financial assistance with first month rent and security deposits to homeless individuals with mental illness moving into permanent affordable housing. As a result, the Department will be forced to reduce the number of individuals served through this program.

Action Plan: The Department is actively seeking other funding options to augment the Move-In Assistance Program.

Client Success Story: Not available this quarter. The new HPI reporting format has allowed the Housing Specialists to redesign data collection efforts.

Table C.10: Participants and Services
FY 2008-09, First Quarter and FY 2007-08

	Quarter	Fiscal Year
Chronic homeless individuals	31	-
Homeless individuals	210	2,343
Homeless families	9	255
Transition age youth	2	142
Female	154	*n/a
Male	127	
Transgender	2	
Hispanic	75	
African American	106	
White	85	
Asian/Pacific Islander	13	
Native American	1	
Other	3	
16-24	2	
25-49	272	
50+	2	
	Quarter	Cumulative
Moving assistance	25	173
Eviction prevention	2	7
Housing (emergency)	174	977
Housing (transitional)	87	390
Housing (permanent)	58	403
Rental subsidy	46	150
(Section 8: 20)		
Remain in housing (six or more months)	25	*
Mental health	283	*
Life skills	14	292
Tenant rights/responsibilities	43	1,269

*Information not available for FY 2007-08.

15) Jail-In Reach Program

Goal: Engage homeless nonviolent inmates upon entry into jail. Develop a release plan that coordinates an assessment and links clients to supportive services, benefits, and housing options upon their release. Case management team works with clients to obtain employment and explore rental subsidy eligibility.

Budget: \$1,500,000 (One-Time Funding)

Table C.11 : Jail-In Reach Program			
FY 2008-09, First Quarter			
(duplicated count)	Quarter		Quarter
Homeless Individuals	61	Housing (emergency)	2
Chronic Homeless	97	Housing (transitional)	2
Female	31	Job training	42
Male	127	Job placement	1
Hispanic	33	General Relief (Food Stamps)	8
African American	94	General Relief only	22
White	36		
Native American	2	Case management	84
Other	3	Health care	1
		Substance abuse, outpatient	5
16-24	20	Substance abuse, residential	2
25-49	117	Transportation	4
50+	19	Legal Advocacy	12
Program Specific Measures			Quarter
Number of participants who received intake/enrollment			110
Number of participants who received intake/enrollment within 72 hrs of initial interview			85
Number of participants who did not complete program (exited prior to completing)			38
Number by violent crime			29
Number by non-violent crime			42
Number by area of residence prior to incarceration (most frequent residence)			79
Number by area of residence prior to incarceration (second most frequent residence)			17
Number of times in County jail			174
Number of times in State prison			24
Number of participants with a service plan			110
Number of participants with a service plan within a week from intake/enrollment			85
<u>Number of referrals provided to participants by type:</u>			
- Service(s): Case management, health/medical care, mental health, substance abuse treatment, transportation, and mentoring			128
- Benefit(s): CalWORKs, General Relief, Food Stamps only, Section 8 and/or Shelter Plus Care, SSI/SSDI, Medi-Cal, Veterans			30
- Job/education related service(s): Job training, employment referrals, education			42
Number of participants who do not return to jail			110
Emergency Housing/Case Management			
Average stay at emergency/transitional housing: (2 participants)			24 days
Level 3 Assisted/Supported Referral and Counseling case management services			
Average case management hours for each participant per month:			2 hours
Total case management hours for all participants during current reporting period:			512 hours
Number of cases per case manager:			22 cases

Successes: During the first quarter, the Jail-In Reach Program (JIR) reached over 200 people incarcerated within Twin Towers, CRDF Lynwood, Pitchess Detention Center and Men's Central Jail. Employment classes were provided to groups of up to 80 people. A total of 110 clients who met eligibility requirements was enrolled into the program and began receiving services. The program was introduced to clients, the community and other agencies vital to the success of the Community Transition Unit of the Sheriff's Department. Shortly after implementation, JIR staff successfully collaborated with multiple agencies in serving the population and worked toward the established outcomes.

In this reporting format, the unduplicated count will show that we have enrolled 110 clients; while the housing placement numbers will only show four have actually been placed. Because of the limited categories in the report, we are unable to account for the fact that most of our clients are somehow stabilized with temporary housing; such as staying with family, in residential treatment, etc. The goal of this program is to make sure that our clients have a roof over their head in a stable environment using whatever method we can, in order to work with them on their underlying issues to prevent recidivism.

Every two weeks, entire JIR team receives training. To date, training through our partners at the Corporation for Supportive Housing has included Housing Advocacy, Financial Management, Sexual Harassment, Motivational Interviewing, Conflict Resolution and Mediation, Harm Reduction and Software/Data Management Training. These regular team meetings enhance productivity, give our staff a new perspective in dealing with client needs, and promote team unity.

Challenges: The program was being introduced to the clients and the initial enrollment was slow. Staff has worked very hard in the past few months to establish the program and generate interest. It was also challenging to try to retain individuals who had enrolled in the program but did not continue upon release. We believe that this is partially due to the fact that the program is new and therefore there is not a lot of buzz and success stories yet to encourage people. The dropout is also partially due to the fact that once someone is released we lose contact with them. This will most likely be common with a portion of our client population.

The operational requirements of the program and facilities had to be learned quickly by the JIR staff. The integration of the civilian staff into the Sheriff's facility and structure initially presented some challenges, but the Sheriff's Community Transition Unit leadership has worked very hard with our team to create a cohesive environment and a unified front for those we are serving. We anticipate that it will still take a while to break down all of the barriers, as we are working in a very structured environment with high level security and we will need to continue to work hard to make certain that our staff presence does not compromise that.

Action Plan: The continued exposure and marketing of the program will increase awareness. Clients will be able to share their positive experiences with staff and other potential clients who will entrust the program and eventually benefit from services. JIR partnering agencies will continue to work closely with Sheriff personnel to improve coordination. JIR will include Probation, Parole and related law enforcement agencies in planning and oversight exercises to explore ways of maximizing resources. JIR will increase the number of participants into the program and maintain a rigorous training schedule throughout the next quarter on such topics as Mentoring, Housing Advocacy/Tenant Panels, Legal Advocacy, Crisis Intervention/In-Home Safety, etc.

Client Success Story: A 30-year-old female who had been incarcerated more than 10 times was scheduled to release to the Northern California County of her arrest. She was paroled to the County where she has spent most of her life and where her direct family resides. The JIR staff enrolled her into the program and created her service plan. With guidance of her case manager, mentor and employment specialist she was able to work through her service plan and identify potential barriers to her success that will face her upon her release. The initial plan for her was to release her to the area where her negative influences reside. She also had conditions of her Parole that restricted contact from certain members of her family. She eventually created a goal to relocate to Southern California where she can take advantage of the resources available to her in the Los Angeles area – and be far away from the family and friends that promoted and contributed to her negative patterns of behavior. The JIR staff worked

tirelessly with the Parole offices of both districts in an effort to have her reassigned. The staff had to convince the agency that the JIR program would assist in this person's rehabilitation and reintegration to society. Within a very short time frame, JIR staff was successful and the client was released to the care of a housing facility within our partnership. She has reconnected with family members in the area with the assistance of her mentor. With continued participation in the program and collaboration with Parole, the outlook for this individual appears to be promising.

16) Los Angeles County Homeless Court Program

Goal: Assist homeless individuals with clearing outstanding tickets, fines, and warrants upon successful completion of rehabilitation recovery programs for mental health, substance abuse and/or other issues.

Budget: \$379,000 (On-going Funding)

Table C.12 : Los Angeles County Homeless Court Program Participants					
FY 2008-09, First Quarter					
(duplicated count)	Quarter	Cumulative		Quarter	Cumulative
Homeless Individuals	354	508	Hispanic	80	36
			African American	188	78
Female	113	164	White	68	34
Male	240	342	Asian/Pacific Islander	4	-
Transgender	1	2	Native American	2	1
			Other	12	5
			15 and below	-	-
			16-24	22	16
			25-49	246	91
			50+	86	47
Program Specific Measures				Quarter	Cumulative
Number of Los Angeles County Homeless Court motions received.				707	1,041
Number of program participants whose qualifying motions are submitted to and filed by Superior Court, and resolved within 30 days of submission.				707	1,041
Number of audited records in the Superior Court's automated case management systems (TCIS/ETRS) that are accurate.				100%	100%
Number of motions that are granted by Superior Court.				15	15 (FY)
				81%	100%
Number of motions that are denied by Superior Court.				672	995
				95%	96%
Number of individual cases filed under the Los Angeles County Homeless Court.				-	-
				1,186	1,586
Number of participants whose applications are submitted to the Los Angeles County Homeless Court within 30-days of initial contact with participant.				330	484
Number of participants that have Los Angeles County citations or warrants dismissed upon program completion.				202	328
Number of participants who complete at least 90 days of necessary case management, rehabilitative, employment or mental health services before their first appearance in Court.				354	508
Number of case managers who receive training on Los Angeles County Homeless Court benefits, application and eligibility requirements, and legal resources.				181	181

Successes: We had tremendous success this quarter clearing out the backlog of old cases submitted to the District Attorney's and Public Defender's Office for which we were awaiting dismissals. Through implementation of a new procedure for handling requests for dismissals submitted to the District Attorney's Office as well as diligent efforts on the part of Public Counsel and Superior Court staff, we were able to identify outstanding cases and collaborate to ensure that the dismissals were processed and the necessary documentation was returned. Through these efforts, cases were successfully closed for clients whose applications were submitted as long ago as 2006.

Challenges: One significant challenge we recently identified is that some citations do not appear in the criminal record databases we use to identify cases for dismissal even though they still appear on the client's Department of Motor Vehicles (DMV) record. The result of this problem is that clients may have had outstanding citations on their DMV record that we did not know about and therefore did not submit for dismissal. These citations continue to be a barrier for clients when they go to the DMV office to try to get

the suspension lifted on their driver's license. Since clients alerted us to this problem at the August Homeless Court session, we have started taking steps to address the challenge (see Action Plan below). A related challenge is that some clients have reported citations that were dismissed through Homeless Court still show up on their DMV record even after the dismissal has been entered into the Court's system. Again, this poses a barrier for clients when they go to the DMV to get their driver's license reinstated.

Action Plan: In order to address the first challenge described above, we have worked with the Los Angeles City Attorney's Office to obtain access to the DMV database that allows us to retrieve a client's DMV record. With the addition of the DMV records to the other criminal records we already use, we now have more complete documentation of the client's outstanding citations and warrants. We can include the citations listed on the client's DMV record with those identified using other databases to ensure that we request dismissal of all the client's outstanding citations. We brought the second challenge described above to the Court's attention and we are now collaborating with them to ensure that all dismissals are reflected in the DMV's records. In addition, data on transportation and housing vouchers will become available once those subcontracts have been finalized.

The Superior Court worked proactively with Public Counsel to resolve their backlog of motions by taking the following steps:

1. Revising Superior Court auditing protocols;
2. Developing clear communication with grant partners. Superior Court worked with Public Counsel, the Los Angeles City Attorney, and the Office of the District Attorney on the correct usage of the uniform legal pleading form; and
3. Review processes for identifying motions not processed within 30 days of submission. This issue was an acute challenge with respect to processing a backlog of motions for clients whose motions were submitted to other Court locations beginning in 2006. The processing time required for those motions was more than normally required, sometimes beyond 30 days.

The Superior Court has planned the following action items:

1. Revising work flow processes and assessing additional clerical training needs;
2. Work more closely with grant partners to achieve program goals; and
3. Adapting Court workflow process to accommodate the higher volume of work associated with the grant.

Client Success Story: After one year and nine months of treatment at a residential recovery program for men dealing with addiction to drugs and alcohol, Client X's case manager applied to Homeless Court on his behalf. Although Mr. X only had one outstanding citation on his record, this citation was a significant barrier for him in achieving his goal of becoming a licensed vocational nurse (LVN). When Mr. X had a job interview, he could not be hired because of his unresolved citation. Through the Homeless Court Program, Mr. X's citation was dismissed, and he is now living independently in his own apartment and enrolled in school, working towards his LVN degree.

17) Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program

Goal: Assist individuals to move into permanent housing.

Budget: \$1.1 million

Table C.13: Moving Assistance for Single Adults Program Measures				
FY 2008-09, First Quarter				
(unduplicated count)	Quarter	Cumulative		Quarter
Homeless Individuals	68	246	Female	34
			Male	44
Number applications received	68	246		
Moving assistance approved	35	98	Hispanic	7
Rental subsidy approved	35	98	African American	48
Percent applications approved	51%	40%	White	9
			Native American	4
Average days to approve	9	20		
Average amount of grant	\$627	*\$575	16-24	1
			25-49	36
			50+	31
Number receiving rental subsidy after six months	35	n/a		
General Relief (w/FS)	28	n/a		
Food Stamps only	1	n/a		
SSI/SSDI	1	n/a		
Section 8	10	n/a		

* FY 2007-08 average

Successes: Compared to the first half of the FY 2007-08, the last two quarters of the fiscal year resulted in an increase in referrals. The increase in referrals was a result of the information drive and presentations provided by DPSS staff at various shelters.

Challenges: One of the barriers to increasing referrals to the program is the criteria requiring individuals to be exiting emergency/transitional shelters.

Action Plan: Propose to remove the conditions that requestors must have in order to be eligible: 1) exiting emergency/transitional shelters; and 2) having the necessary time-limits (within the last 2 years) for those previously aided on General Relief/Food Stamps. During this reporting period, DPSS is looking at several options.

One recurring challenge is increasing the usage of this program. We are exploring implementing some changes that will enable more of the homeless population access this program. The changes currently being explored include:

- Expanding coverage to all homeless adults who are referred by agencies working with the homeless population.
- Removing the time requirement of having been aided on GR and/or FS within the last two years. Therefore, any individual previously aided on GR and/or FS would be able to apply for the program.
- Increasing the cap on appliance purchases to \$800. The total amount of move-in cost not to exceed the \$800 limit.
- Expanding the target population to include Cash Assistance Program for Immigrants (CAPI) participants.
- Another challenge was the time required to get the required information from vendors. In response, we are developing a list of vendors that have previously done business with us, and since we already have all of their information, approval is much quicker.

18) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.14: Project 50 Participants and Services
FY 2008-09, First Quarter

(unduplicated count)	Quarter	To Date		Quarter	To Date
Chronic Homeless Individuals	14	54	Education	1	1
Female	2	8	Job training/referrals	-	2
Male	12	45	Job placement	-	1
Transgender	-	1	General Relief (GR,FS)	8	12
			General Relief only	-	3
			Food Stamps	-	1
Hispanic	3	9	Medi-Cal/Medicare	3	6
African American	9	40	Section 8	-	1
White	2	4	Shelter Plus Care	9	43
Asian/Pacific Islander	-	-	SSI/SSDI	2	5
Native American	-	-	Veterans	-	1
Other	-	1			
			Case management	9	43
25-49	5	20	Health care/medical	9	43
50+	9	34	Mental health/counseling	8	35
			Social/community activity	-	30
			Substance abuse (outpatient)	7	37
Housing (emergency)	13	23	Substance abuse (residential)	2	3
Housing (permanent)	9	44	Transportation	5	35
Rental Subsidy	-	33	Detox	1	6
			Legal Services	-	11
Longer-term outcomes (6 months)					
Continuing to live in housing				38	
Receiving rental subsidy				38	
Enrolled in educational program				1	
Case management				38	
Health care				38	
				30	
Mental health/counseling				36	
				27	
Substance abuse treatment (outpatient)				27	
Substance abuse treatment (residential)				1	
Reunited with family				3	

Transitional Housing/Case Management	Quarter
Average stay in transitional housing:	5 days
Number into permanent housing:	9 participants
Level 3 case management services	
Average for each participant per month:	5 hours
Total hours for all participants:	85 hours
Number of cases per case manager:	19 cases

Program Specific Measures	Quarter	Cumulative
Number of participants who exited housing	-	1
Number of participants developing individualized treatment plans	6	42
Number of participants participating in a housing retention group	-	30
Number of Project 50 participants having arrests	2	6
Number of Project 50 participants having hospitalizations	2	9
Number of Project 50 participants having an emergency room (ER) visit	3	3
Number of Project 50 participants with increased income (i.e., due to SSI/SSDI, GR)	13	13

Successes: Participants are adjusting to interacting with staff and most look forward to staff visits as well as their appointments. The project's list of partner agencies expanded to include: City Attorney, the courts, and judges. The majority of individuals maintaining sobriety has increased to 14 with three reducing their use and six who have entered detox or residential treatment willingly. As of September 2008, 44 participants were in permanent housing.

Challenges: Due to the loss of an outreach team, the program still needs to locate approximately 10 more individuals to reach the goal of housing 50 individuals. The program loses participants to the legal system, by not having a coordinated system to communicate with the court, public defenders, city attorneys and District Attorneys. Preventing arrests is challenging. Moreover, greater understanding about harm reduction is needed for the stabilization and recovery of the homeless individuals as the best and most feasible method of dealing with homelessness.

Action Plan: The program's plans are to: 1) assign 2-3 outreach and engagement staff from DMH to assist in locating the unfound to complete the 50; 2) work diligently with staff to develop policies and procedures for the project; 3) document the challenges and recommendations for future projects; and 4) clarify the role of harm reduction in the stabilization and recovery of the homeless who are mentally ill and using substances.

Client Success Stories: Participant 1 was constantly under the influence of narcotics so that we couldn't even get her to an interview with property managers and the Housing Authority of the City of Los Angeles (HACLA). At our encouragement, she entered detox and then was housed. But within a few days, she started using again. She became a danger to herself, entered a 51-50 (forced hospitalization), returned to the program, but started using again. Then, she entered jail. We worked with the court system, and encouraged her to enter residential drug treatment. With the judge's support, she entered treatment and continues there drug free. At this time she is making plans for her life, and she appears happy and stable. In addition, she continues with P50 providers, including the psychiatrist who regulates her medication and provides therapy.

Participant 2 is a 42 year-old who worked in construction and resided in Anaheim California. After receiving an injury and amputation of her right toes, the patient became homeless. Then, the patient had no income and survived from recycling bottles and cans while living in the streets for seven years. According to Participant 2, she had no history of incarceration, a long history of methamphetamine abuse, and suffered from mental health issues. After being referred from Harbor UCLA Medical Center, Participant 2 entered the JWCH Recuperative Care program for the first time last May. Participant 2 entered had undergone recent surgery after being attacked by a dog. She then received an infection, had to have her lower left lower leg amputated last April. As she entered the Recuperative Care program, she received proper wound care, diabetes management, pharmacy and appointment scheduling and many other services. Upon intake, the patient accepted the continuation of mental health services, case management, transportation, and other services.

Participant 2 was discharged and re-admitted to the JWCH Recuperative Care program. Last July, the patient had received an infection and was now returning to recuperative care for continued wound care.

The patient was happy to have the chance to return to Bell Recuperative Care, "Oh, I am so glad to be back with you guys. I am happy to be back in this program" she said upon arrival as she entered the patient Recreation Room. During her stay, the patient worked on completing a few more goals. Participant 2 was compliant throughout her stay. She had SSI pending, GR income, identification, Disabled Bus ID card, and continued mental health services. In August, the participant left the facility to permanent placement in an apartment. The patient also had job training scheduled in September 2008. Participant 2 is now preparing to be a mental health case worker. She plans to reach out to homeless individuals willing to accept mental health services.

19) Santa Monica Homeless Community Court

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000

Table C.15: Santa Monica Homeless Community Court Participants and Services
FY 2008-09, First Quarter

(unduplicated count)	Quarter	*Cumulative		Quarter	*Cumulative
Chronic Homeless Individuals	72	125	15 and below	-	5
			25-49	38	53
Female	19	34	50+	34	67
Male	53	91	Housing (emer/trans)	10	54
			Housing (permanent)	4	14
Hispanic	6	14	Rental subsidy	4	6
African American	10	25			
White	52	71	Alternative court	72	125
Asian/Pacific Islander	2	2	Case management (lvl. 3)	72	119
Native American	0	-	Mental health	6	54
Other	2	13	Substance abuse (outpatient)	-	5
			Substance abuse (residential)	3	30
Program Specific Measures				Quarter	*Cumulative
Total number of clients who have enrolled in Program				11	125
Number of participants who appear before the Court Pilot Project that engage in case management for at least three months after their first appearance at Court				n/a	69 (55%)
Number who participate that have citations or warrants dismissed upon completion				n/a	73 (56%)
Number who receive an emergency shelter bed and remain for two weeks or longer				n/a	13 (24%)
Number who enter residential treatment complete a substance abuse program of 90 days or longer				n/a	12 (40%)
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program				n/a	89% reduction
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)				n/a	22 (100%)
Average length of stay in emergency housing: 14-160 days				n/a	

*Cumulative data is from 2/07 to 8/08

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is the relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and Social Worker provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming directly from mental health symptoms. A secondary but lasting benefit of the Edelman collaboration is streamlining the eventual transfer of client services from in-office services at the Homeless Services Center to long-term mental health care at Edelman or other DMH facilities. Building on the success of our Chronic Homeless Program (CHP) we have managed to link many of our CHP participants to the court which has resulted in the removal of barriers and has allowed for the successful transition by clients to the

next phase of their lives. Continued collaboration between our service providers, police and fire has allowed us to continue engaging clients in the field and seizing opportunities to refer them to the program when we think they will be receptive to services. Again, given the voluntary nature of the program, this is often a fine line since clients may change their mind. Our talented Public Defender is greatly appreciated not only by the Resource Coordinator but also by our service providers. She creatively strikes a balance between advocating for her clients and using her motivational interviewing techniques to help clients understand the benefits of connecting to services.

The Santa Monica Homeless Community Court program was extended for an additional six months, through June 30, 2009, via multiple agreements.¹

Challenges: The voluntary nature of the program allows many of our most chronic, high utilizers of police, fire and social services the opportunity to opt out of the program. These are the very people we had wished to engage in services using the authority of the court. Experience has shown us that many of our most chronic homeless do not want to access services and the voluntary nature of the program does not allow us to use the authority of the Court to connect individuals to much needed resources including mental health, psychiatric, medical, substance abuse and monetary assistance programs – all of which can be barriers to stabilizing clients, housing them and helping them maintain their housing. The court will only accept participants cited with quality of life crimes – misdemeanors and infractions. The court will not accept felons or sex offenders. The very nature of the crimes, misdemeanors and infractions, prevent the court from following participant for extended periods of time and result in citations being dismissed with limited client progress.

Greater oversight by the court could have a very positive influence on participants and result in better outcomes. Currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts both our substance abuse treatment and housing placements. Indeed, because of Case Management initiated by the Court, some individuals may achieve outcomes months after their exit from the program.

Action Plan: The clients on this contract are chronically homeless with severe and persistent mental illness and/or co-occurring disorders. This is a barrier and often impacts their ability to access emergency shelter. Therefore whenever possible, the goal is to take a housing first approach and move clients directly from the streets and into permanent housing. The amount of time it takes to complete the housing process from time of application to leasing up is often more than six months due to the lack of one-bedroom units willing to accept Section 8. Our services providers continue their efforts to connect Court participants to permanent housing whenever possible. The Human Services Division, Santa Monica Housing Authority and service providers meet regularly to discuss strategies for engaging local area landlords in an effort to increase housing options for participants. Also, as stated under Program Challenges, currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts our housing placement outcomes because the Court does not follow clients for significant periods of time therefore they may achieve outcomes months after their exit from the program.

Client Success Story: In 2005, Client B struggled to overcome 40 years of alcohol abuse. She sought help at OPCC's Daybreak Day Center program, when she was using alcohol to suppress disturbing memories and cope with living on the streets. Over time, Daybreak staff supported the client as she worked to overcome her addiction to alcohol. During her 13 years of homelessness in Santa Monica, she had accumulated a number of "quality of life citations". With the help of Daybreak staff, she enrolled in

¹ The extra six months is at a cost of \$200,000, and funded as follows: \$29,703 from the County's 3rd District's portion of the Community Development Commission's ("CDC") Community Development Block Grant ("CDBG") funds; \$93,061 from the County's 3rd District's portion of the Homeless Services/Centers fund; \$31,000 in unspent one-time only Homeless and Housing Program Fund (HHPF) originally allocated for the Homeless Court program; \$23,118 from the HHPF's Administration fund to provide resources to any other HHPF program that has additional funding needs to ensure success as approved by your Board in September 2006; and, \$23,118 from the HHPF's Administration fund to provide funds for administrative services related to continuation of the program.

the Santa Monica Homeless Community Court, a collaboration between the City of Santa Monica, Los Angeles County Superior Court, the Public Defender's Office and met all of her court-mandated goals, which lead to the dismissal of her citations. Her work with the Homeless Community Court and clean legal record created new options. While in recovery, she had reconnected with her family after an almost 30 year estrangement and rebuilt a relationship. Ultimately, she decided it would be in her best interest to live with her family. At this point, Client B turned to Project Homecoming, the City's travel assistance program. Project Homecoming helped her to travel to another state, reunite with her family, and ultimately end her homelessness. Upon her return, Client B's family warmly welcomed her. Reconnecting with her family has helped the client develop a greater sense of connection to her life and those around her.

V. PROGRAMS FOR MULTIPLE POPULATIONS

20) Los Angeles County Housing Resource Center, (formerly known as the Housing Database)

Goal: Provide information on housing listings to public users, housing locators, and caseworkers.

Budget: \$382,000 (\$202,000 allocation from HPI funding and \$180,000 from CDC).

Table D: LACHRC Program Measures	Quarter	Year 1 6/1/07- 6/30/08
Number of landlords registered on the site	3,999 494 new	3,505
Average monthly number of units available for rental	1,656	1,324
Total housing unit/apartment complex listings registered on site (includes units that have been leased)	6,075 904 new	5,171
Total number of housing searches conducted by users who returned listing results	495,329 (2,086,154 cumulative)	1,590,825
Average number of calls made/received to the Socialserve.com toll-free call center per month	5,331	4,578
Number of collaborative efforts forged between 211 LA County, County Departments, Red Cross, Federal Emergency Management Agency, HUD	8	33

Successes: Socialserve.com has been able to make improvements to the Housing Resource Center webpage that have improved our Housing Authority's point score in the Section Eight Management Assessment Program (SEMAP) evaluation system administered by the federal Department of Housing and Urban Development (HUD).

Challenges: Socialserve.com's statistics continue to show that the ration of LAC-HRC web page searches to available units is over 80% higher than other metropolitan areas. This demonstrates the need (and challenge) of outreaching to more L.A. County landlords to get more rental listings on the web page to serve this extraordinary demand.

Action Plan: The County Board will be asked to approve the renewal of the existing contract with Socialserve.com to administer the LAC-HRC webpage. A plan to use CEO-IT Fund monies to fund the expansion of the webpage into Phase II will be presented to the County Board in the near future.

Client Success Story: In August, a County resident contacted the Socialserve.com call center to express thanks for the service and "compassion" she received from a call center representative, who successfully helped locate housing for her and her blind father.

21) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles Housing Innovation Fund, LLC (LAHIIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million

- Entered into Loan Agreement on June 20, 2008.
- \$10,030,000 wired from CDC to LACHIF on Friday, June 26, 2008.
- Selected lenders will be tasked with marketing program.
- CDC staff has provided presentation to CDBG participating cities on LACHIF.
- Selected lenders currently report to have seven potential projects to be funded with the LACHIF.

Successes:

Four loans totaling \$16,170,000 will be presented to CDC to begin CEQA clearance in October 2008.

Challenges:

Program marketing has been challenging due to the need to educate borrowers wishing to use the LACHIF for projects in the City of Los Angeles.

Action Plan:

CDC is working on a Memorandum of Understanding (MOU) with the City of Los Angeles. The MOU will delineate handling of projects in the City of Los Angeles by both funds. Any available data will be provided in the next quarterly report.

VI. City and Community Program (CCP)

Capital Projects

Successes: CDC is working with developers of the nine capital projects to finalize development timelines and construction start dates. In addition, CDC is finalizing a grant template and deed of trust for each of these projects. The CDC is in constant contact with all of the capital developers regarding the projects and has set up an internal tracking system to monitor progress. Currently, all projects (except Bell Shelter) are in the pre-development phase and are scheduled to start construction before or near spring 2009. The Bell Shelter project is for an acquisition. Draft grant agreements and deed of trusts have been completed and are in final review by County Counsel. The timeline for execution is being determined based on the need of each grantee. It is customary for grants to be executed near the start of construction.

Challenges: In general, coordination with other local, state, and/or federal funding and construction industry changes can cause delays. One project has not submitted an updated budget and timeline. They state that they are waiting on quotes from their contractors. Additionally, they had to update their bids because of the volatile building industry. The project also states that they are in the process of hiring a new project manager.

Action Plan: The CDC is determining with each developer, whether or not to enter into the grant agreements soon or if it is best to wait until near the beginning of construction to avoid the necessity of several amendments. The CDC staff is providing technical assistance and will be conducting site visits to projects that are seeking funding for rehab of existing buildings,
Cumulative Expenditures to Date: \$358,496 (Administrative)

Service Projects

Successes: Six contracts have been executed; seven contracts are expected to be executed by the end of November, and five contracts will be implemented with capital projects. The CDC completed Accounting System Reviews (ASR) of all agencies that were awarded service contracts and conveyed any required financial improvements to these agencies. All agencies have responded to our corrective actions and have implemented or are in the process of implementing the necessary improvements. The CDC coordinated a mandatory, comprehensive programmatic and financial training on program requirements, contract execution process, and online submission of payment requests. To facilitate the management of all contract-related functions, during this quarter, the CDC completed the development of a web-based online system, including electronic processing of contracts and submittal of payment requests. Most agencies have successfully established their digital signatures for contract execution and completed the online authorization set-up of the various contract functions such as the electronic submittal and approval of payment requests. The system provides direct access to CEO's Performance Counts link.

Challenges: Several issues delayed execution of the service contracts. A number of budgets were incomplete, lacked sufficient information or were inconsistent with the original RFP project descriptions and budgets. CDC also found that allocated expenditures were inconsistent with the agency's cost allocation methodologies. One agency lacked the financial staff to develop a cost allocation plan and budget. As a result, we have spent considerable time providing technical assistance in the budget and cost allocation areas. Two of the projects requested site changes which required us to conduct further follow-up to ensure that the original project scope and delivery of services were not impacted. The County's new subcontractor insurance prerequisites, which requires the CDC to obtain insurance certificates from all subcontractors prior to service delivery, has also delayed some agencies from executing professional service agreements and implementation of their programs. While CDC anticipates contract execution by the end of November for the remaining service contracts that are ready to be implemented, the actual date of contract execution will depend on how responsive the agencies are in providing information that the CDC has requested relative to budget review, insurance, and any pending agency system issues that need to be resolved.

Action Plan: CDC has addressed the above issues and has dedicated additional resources to enable all agencies to execute contracts and implement their programs as soon as possible. We will continue to provide training and technical assistance in all needed program and financial areas. CDC's Risk Manager is working with these agencies to provide them with the necessary guidance to meet the insurance requirements.

Cumulative Expenditures to Date: \$113,562 (Administrative)

Performance Measures: Two CCP programs provided data for this quarter.

A Community of Friends (ACOF)

Successes: The HPI funding has led to collaboration with the Housing Works Mobile Integrated Service Team (MIST), provided for case management services, additional supportive services through Resident Management support, and provided for some much needed repairs and maintenance. While the maintenance is still in process, the other elements are in place. The MIST team and case management staff have played an integral role in preventing evictions for those residents in jeopardy of losing housing, and case management staff has been able to ensure that the majority of residents remain permanently housed in a safe and healthy environment.

Challenges: Perhaps the biggest challenge was the slow execution of the contract. Additionally challenging is combining the reporting of services at so many different sites into one report. Challenges faced by the residents include struggles with substance abuse, budgeting funds, managing medication, and increasing life skills to a point which increases self sufficiency.

Action Plan: Case management staff will continue to work with the MIST team to focus on those individuals most at risk of losing their housing. In addition, case management staff will work with Resident Managers on "best practices" to increase support when case management staff are unavailable on nights and weekends.

Client Success Story: One of the residents is a father of three who is diagnosed with bi-polar disorder. This resident has been dependent upon SSDI due to being unable to obtain gainful employment because of mental health issues. With the assistance of the MIST team and the case manager, the resident was able to complete the training program to become a Peer Advocate. The resident has now obtained full time employment with a Mental Health agency. This resident is now medically stable, financially stable, and is able to successfully provide a stable environment for his family in supportive housing.

Table IIA:

FY 2008-09, July 1, 2008 – September 30, 2008

(unduplicated count)	Total	ACOF	OPCC
Homeless Individuals	225	107	118
Chronic Homeless	73	23	50
Homeless Families	97	97	-
Female	284	235	49
Male	284	165	119
Transgender	1		1
Hispanic	150	125	25
African American	216	168	48
White	126	53	73
Asian/Pacific Islander	6	4	2
Native American	2	-	2
Other	20	2	18
15 and below	114	114	4
16-24	40	40	-
25-49	173	173	88
50+	74	74	76

Case management (levels II/III)	ACOF	OPCC
Average hours per case:	5 hours;	3 hours
Total number of hours:	3,405 hours	5 hours
Caseload:	19.5 cases	2 cases

**Table IIB: Total Services Provided by ACOF and OPCC
FY 2008-09, July–September 2008**

(unduplicated count)	Total
Moving Assistance	14
Eviction Prevention	18
Rental Subsidy	192
Housing (permanent)	227
Education	24
Job training, referrals	18
Job placement	21
CalWORKs	37
General Relief w/Food Stamps	9
General Relief only	1
Shelter Plus Care	157
SSI/SSDI	220
Alternative court	1
Case management	229
Life skills	227
Mental health	96
Health care	118
Social/community activity	227
Substance abuse treatment (outpt.)	11
Substance abuse (residential)	2
Transportation	125
Residential management support	227

Ocean Park Community Center (OPCC) HEARTH

Successes: OPCC convened regular meetings with all project collaborators including Venice Family Clinic (VFC) Medical Director, Operations Director, Physician, Grants' Manager, OPCC Samoshel and Access Center directors, managers and project staff to develop policies, procedures and protocol for intake, referral, and planning for the respite bed component. OPCC completed and fully equipped the two room medical suite at the Access Center for VFC to occupy three days a week with plans to extend to five days a week. VFC Physician and Clinic coordinator commenced the project by offering primary care medical services to 118 individuals on-site at OPCC's Access Center. A smooth communication/collaboration process between OPCC and VFC was established. OPCC and VFC hired and trained all program staff during this first quarter of the project.

Challenges: OPCC has been delayed in starting the respite bed component until November 17th

due to unforeseen facility maintenance issues. OPCC is developing a computerized data tracking system for this grant which will be completed next quarter.

Action Plan: By next quarter, OPCC and VFC will finalize program protocol, including referral and tracking forms for case management, respite beds and health care. We plan for a soft launch of the 10 respite bed program to begin November 17th with referrals coming only from VFC. In October, November and December outreach, training and orientation will be conducted at St Johns Hospital with the Emergency Room staff in preparation for a January start date of the respite bed program component with referrals expanded to the hospital.

Client Success Story: A man who had been homeless in Santa Monica for three months came in for health care services, and he was referred to case management by the VFC. Following a divorce, he relocated to Santa Monica with no option but to live on the streets. OPCC staff presented him with different options, and he decided that he would like to reunite with his brother in Fresno. OPCC reunited him with his brother and made arrangements for him to secure transportation home through the City of Santa Monica's Project Homecoming. Currently, he is happy and working on rebuilding his life. This story demonstrates a successful collaborative intervention to provide 'rapid re-housing' for a newly homeless person that only initially requested health care.

	ACOF	OPCC HEARTH
Number of organizations/agencies that your program has a formal collaboration for this project.	1	4
Number of times collaborative partners met each month.	2	4
Total amount(\$) of HPI funding leveraged for project.	\$1,775,550.00	n/a
Percent of HPI funding leveraged for project.	33%	n/a

	ACOF	OPCC HEARTH
Number of participants who have enrolled (entered) into program during the reporting period.	227	118
Number of participants who left the program during this period.	-	1
Total number currently enrolled in program.	227	117
Number of clients who received an assessment (if applicable).	15	2
Cost per participant.	\$2,643	n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter.	-	n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter.	-	n/a
Program Specific Question:		
Number of participants who received benefits (as a result of the program).	227	118

VII. Council of Governments (COGs)

San Gabriel Valley Council of Governments (SCVCG)

During the past quarter, SCVCG has engaged their consultant, Corporation for Supportive Housing (CSH), in a two-phased approach to achieve the following objectives: 1) population identification and needs assessment and 2) a consensus-building process for a proposed strategy and implementation plan to meet these stated needs.

During the first quarter of FY 2008-09, SCVCG has been working with CSH to:

- Complete the Draft Phase I Report;
- Present findings to various stakeholder groups including: COG Homeless Steering Committee, COG Housing Committee, COG Planner's Technical Advisory Committee (TAC), Key Service Providers, and COG City Managers TAC; and
- Revise the Phase I Report to incorporate stakeholder feedback.

An inventory of services was conducted, and the following was reported:

- Fourteen cities in the SGV reported a total of \$1,348,986 in local investments to provide homeless services and housing during the current fiscal year.
- The region has a total of 11 outreach teams and five access centers.
- Homeless population estimates were provided. A total of 10,911 homeless persons live in the region (based on LAHSA and City of Pasadena, 2007). A local estimated count of homeless persons is 5,034 (median 7,977).
- Six preliminary study areas/clusters of the region were provided with a breakdown by gender, race, and sub-population. Regional maps were used to illustrate findings.
- The location of housing by type as well specialized supportive services were shown on regional maps. Additionally, the ratio of short-term beds to homeless single individuals/family members/chronically homeless individuals in need of permanent housing was also shown by region.
- A service gap analysis showed the need for increased coordination and information sharing, short-term housing, permanent supportive housing, and increased/specialized mental health services.
- Recommendations for short-term strategies/long-term strategies will be addressed in Phase II of the study. Phase II will also include work with San Gabriel Valley leadership to: 1) develop consensus on these findings; 2) determine housing and service delivery models; and 3) identify federal, state and local resources for implementation of strategies.

PATH Partners/Gateways to Housing Initiative

During the first quarter of FY 2008-09, the following are highlights of specific tasks:

Task 1: Assess/Analyze Existing Services

- Confirmed 25 of the 27 cities to participate in the Gateways to Housing Initiative. Secured City Manager designees for each of the 25 cities.
- Obtained homeless count data from LAHSA and the City of Long Beach. A preliminary analysis of the homeless count data was provided. Completed preliminary inventory and analysis of existing services and housing (emergency, transitional and permanent supportive housing) available to homeless persons.

Task 2: Identifying Underserved Regions and Populations

- Conducted 15 interviews with community stakeholders in over eight Gateway cities, including representatives from law enforcement, homeless services, faith groups, education, city departments and senior housing. Through the interviews, groups are being asked about existing services, gaps in services, and challenges & opportunities for addressing homelessness on a local and regional level.
- Conducted one focus group with homeless individuals from the City of Long Beach, hosted by their Multi Service Center. Participants were both male and female, and had been homeless and were from Long Beach. Participants were asked a series of questions about where they have identified services, challenges to accessing services and areas of unmet need. Findings from the focus group

are currently being analyzed and will be incorporated into the strategy along with findings from the stakeholder interviews.

- The "Community Survey on Homelessness" tool has been finalized. Dr. Christie Jocoy, Assistant Professor at California State University, Long Beach, provided support and expertise in finalizing the survey design. Additionally, she and her students will assist in analyzing the survey results. The survey is available in English and Spanish, and is available online and in print format. The survey was distributed to City Manager designees on October 20, 2008. The designees are assisting PATH Partners in forwarding the survey to a minimum of 10 respondents per city. Respondents will represent one of the following groups: business, City Housing office, other City office, faith group, healthcare provider, resident or service provider. The survey will be distributed to 300 respondents and the anticipated deadline for survey collection is Friday, November 7, 2008. California State University,

Task 3: Funding Plan

- The Funding survey was distributed to 25 cities to request information on city funds designated towards homeless services and housing. Twenty-two cities have completed and returned the funding survey. A preliminary assessment of the funding resources received by GCCOG cities was produced.

Task 4: Work with Local Governments (Gateway Cities and Los Angeles County)

- PATH Partners and GCCOG have proposed the division of the Gateway cities into four separate groups. The formation of these four groups will enable the collection of data/community feedback and will begin future planning for smaller, more localized, multi-city responses to homelessness.

Task 5: Develop "Gateways to Housing Strategy"

- As data and community feedback are obtained from the previous task areas, the team will move forward in compiling the draft Gateways to Housing Strategy.
- On Wednesday, November 12, PATH Partners facilitated four planning meetings that bring together cities and a diverse group of stakeholders groups, including law enforcement, faith groups, businesses, residents, providers and other community groups. The purpose of the meeting was to bring local stakeholders together to identify the needs and challenges of serving the homeless, and to provide leadership in planning for local approaches and solutions to address homelessness.

An inventory of regional services was conducted, and the following was reported:

- The Gateway Cities Council of Governments (GCCOG) region includes 27 cities.
- It is estimated that 14,000 homeless live in the region (based on LAHSA and City of Long Beach, 2007).
- Approximately 2,000 emergency and transitional beds and 750 permanent supportive housing units are currently located in the region.
- The numbers of programs that offer specific support services were: 7 street outreach/emergency response programs; 8 multi-service centers; 20 medical detoxification programs; and 10 community education programs.
- Percentages of emergency, transitional, and permanent supportive housing beds were shown by population.

Population	Emergency Housing Beds	Transitional Housing Beds	Permanent Supportive Housing
Single Adults	61%	53%	93%
Families	36%	36%	4%
Youth (ages 18-24)	3%	11%	3%



WILLIAM T FUJIOKA
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

→ 4/4/06 #17
status and
→ 6/26/06 #5.5
status

Board of Supervisors
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Second District

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Third District

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Fourth District

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Fifth District

July 31, 2009

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

According to the Los Angeles Homeless Services Authority (LAHSA), Los Angeles County has the highest concentration of homelessness in the nation (74,000 people). Various social and economic factors, as well as gaps in available housing and social services have contributed to the crisis. In response to this crisis, on April 4, 2006, the Los Angeles County Board of Supervisors made an investment toward addressing and preventing homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The Chief Executive Office continues to implement specific key HPI programs in partnership with County Departments of Children and Family Services, Community Development Commission, Health Services, Mental Health, Probation, Public Defender, Public Health, Public Social Services, the Sheriff, LAHSA, and various cities. Through March 2009, the HPI has been tremendously successful in implementing 27 programs and serving over 25,000 individuals and 12,000 families (some programs may serve the same participants). The initiative focuses on reaching the following two goals through the six strategies shown below:

Goal 1 – Preventing Homelessness

- Housing assistance
- Transitional supportive services

"To Enrich Lives Through Effective And Caring Service"

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Goal 2 – Reducing Homelessness

- Community capacity building
- Regional planning
- Supportive services integration linked to housing
- Innovative program design

Three attachments are included with this memo:

1. Executive Summary of Fiscal Year (FY) 2008-09, Third Quarter;
2. HPI Status Report (Attachment A): The FY 2008-09 Third Quarter HPI status report includes information on program participants, services provided, and associated outcomes; and
3. Index of Programs (Attachment B): A table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included with a description of successes, challenges, an action plan, and a client success story.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts. If you have any questions, please contact me or your staff may contact Vani Dandillaya at (213) 974-4190, or via e-mail at vkumar@ceo.lacounty.gov.

WTF:MS:KH
VKD:hn

Attachments (3)

- c: Sheriff's Department
Department of Children and Family Services
Department of Community Development Commission
Department of Health Services
Department of Mental Health
Probation Department
Department of Public Defender
Department of Public Health
Department of Public Social Services
City of Santa Monica
Los Angeles Homeless Services Authority
Public Counsel
Skid Row Housing Trust



Los Angeles County HOMELESS PREVENTION INITIATIVE (HPI)

FY 2008-09, JANUARY – MARCH, THIRD QUARTER EXECUTIVE SUMMARY



Left: HPI funding expanded supportive services provided by A Community of Friends at AMISTAD Apartments, a mixed population building in Lincoln Heights. AMISTAD Apartments consists of low-income families and special needs families; *Right:* A Los Angeles County Homeless Court participant receives his graduation certificate from Judge Michael Tynan.

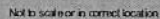
MAXIMIZING OPPORTUNITIES TO PROMOTE SAFE AND STABLE HOUSING

As a result of the economic downturn and the County's unemployment rate exceeding 11%, more residents are at-risk of losing their homes and struggling to meet basic needs. However, many residents in need of public assistance for the first time are not eligible, because they are at or below 50% Area Median Income (AMI) (between \$16,452 and \$39,650 for a family of four; below \$27,750 for individuals). For instance, County food stamp denials were up 14% and denials for General Relief (GR) increased by 10% compared to the same time last February. Likewise, LAHSA reported an 87% increase in families requesting shelter over the winter months compared to the previous year. Combined with the impact of the economic recession on the County's budget, finding available resources to serve those who rely on the County has become increasingly more difficult.

In response to the current economic slowdown, President Barack Obama signed the American Recovery and Reinvestment Act (ARRA) into law on February 17, 2009. Thirty ARRA grants totaling an investment of over \$524 million will be allocated to the County for social services. The ARRA funding presents an opportunity to examine how the County can more efficiently support individuals and families to maintain self-sufficiency. Through \$12.1 million from the ARRA Homelessness Prevention and Rapid Re-Housing Program, the County plans to provide residents with financial assistance, housing stabilization and relocation services.

In addition, the County's FY 2009-10 Homeless Service Integration Plan aligns efforts to more effectively use resources and achieve better outcomes. Focusing on a regional approach, the Plan includes expansion of successful *Housing First* models, greater access to integrated health and social services, and support for pathways to stable housing for the homeless GR population.

Housing Placement and Service Locations by Service Planning Area (SPA)



- 1 - Housing Assistance
- 2 - Transitional Supportive Services
- 3 - Community Capacity Building
- 4 - Regional Planning
- 5 - Supportive Services Integration and Linkages to Housing
- 6 - Innovative Program Design

The following HPI programs are offered Countywide:
General Relief Housing Subsidy and Case Management Project
Los Angeles County Homeless Court
Los Angeles County Housing Resource Center
Moving Assistance for Single Adults in Emergency/Transitional Shelter
or Similar Temporary Group Living Program
Project Homeless Connect

- ii) Rental subsidies were provided to transition age youth who moved to cities in other counties, including: San Bernardino, Riverside, Kern, Orange, San Diego, Ventura, and Santa Barbara.



Homeless Prevention Initiative (HPI)
FY 2008-09, Third Quarter Status Report

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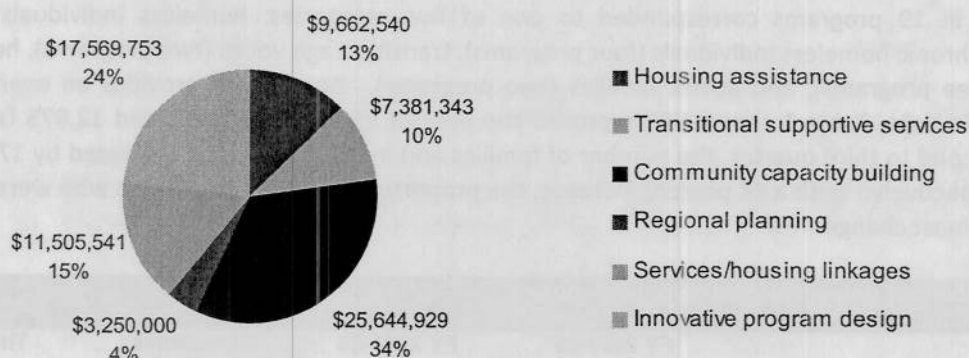
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Chart 1: Estimated Actual Expenditures
Total: \$75,014,106*



*Actual expenditures are approximately \$78.3 million. Additional expenditures include: 1) Board approved operational support at \$1.9 million (FY 2006-07); and 2) operational support, administrative, and evaluation costs at approximately \$1.4 million. *From upper right (clockwise) beginning with Housing Assistance.*

Actual and Estimated Expenditures by Strategy

In this report, total expenditures include FYs 2006-07 and 2007-08 actual expenditures and estimated expenditures for FY 2008-09. The total expenditures for the HPI programs in this report are \$74,974,106. Chart I shows that 23 percent of all expenditures have or will be spent on the initiative's first goal to prevent homelessness. Seventy-seven percent of all expenditures have or will be spent on the HPI's second goal to reduce homelessness. In addition, the amount expended by each strategy is shown in Chart I. For the community capacity building strategy, 34 percent of all expenditures are designated for housing development and supportive services in 21 communities via contracts with local housing developers and service providers.

Maximizing Opportunities to Promote Safe and Stable Housing

In response to the current economic slowdown, President Barack Obama signed the American Recovery and Reinvestment Act (ARRA) into law on February 17, 2009. Thirty ARRA grants totaling an investment of over \$524 million will be allocated to the County for social services. The ARRA funding presents an opportunity to examine how the County can more efficiently support individuals and families to maintain self-sufficiency. Through \$12.1 million from the ARRA Homelessness Prevention and Rapid Re-Housing Program (HPRP), the County plans to provide residents with financial assistance, housing stabilization and relocation services. In June 2009, the U.S. Department of Housing and Urban Development approved the County's HPRP application, and the County is to receive a grant agreement in August. Currently, County departments are working with CDC and LAHSA to be ready for implementation in October.

In addition, the County's FY 2009-10 Homeless Service Integration Plan aligns efforts to more effectively use resources and achieve better outcomes. Focusing on a regional approach, the Plan includes expansion of successful *Housing First* models, greater access to integrated health and social services, and support for pathways to stable housing for the homeless GR population.

This report provides an overview of HPI participants, the initiative's six strategies and associated outcomes, and opportunities to strengthen the overall system of homeless services.

Participant Characteristics

During the third quarter of FY 2008-09, all 24 programs provided demographic information for program participants. Demographic information included gender, age, and race/ethnicity of participants. To obtain data on HPI participants, demographic information from new participants served during this past quarter was included. Gender information from LAHSA contracted programs was added from FYs 2007-08 and 2008-09. Due to different categorization for race/ethnicity and age, these statistics for LAHSA contracted programs are shown separately in Attachment B.

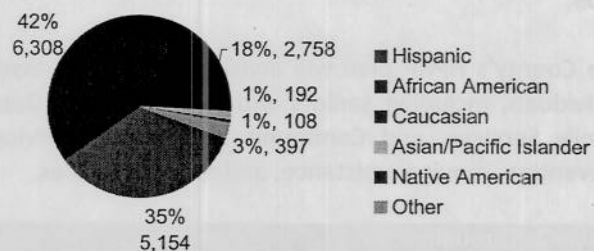
Gender

Approximately 59 percent of the homeless population in Los Angeles County consists of adult men.⁶ Of the 21,990 participants whose gender was provided, 56 percent (12,275) were male and 44 percent (9,694) were female.

Race/Ethnicity

The total homeless population in Los Angeles County is about 55 percent African American and 19 percent Caucasian. Chart 3 shows 42 percent of HPI participants were African American and 18 percent Caucasian. Representing the total homeless population, 35 percent of participants were Hispanic. The remaining five percent of participants included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

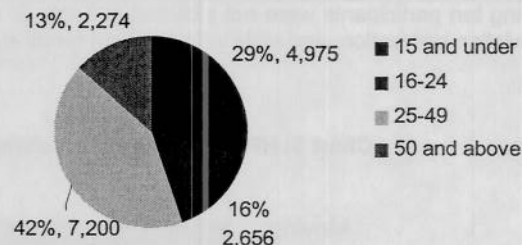
Chart 3: Race of HPI Participants (n=14,917)



Age

Compared to an average age of 45 years for homeless individuals in the County, 42 percent were between 25-49 years of age. Chart 4 shows that of HPI participants whose age was provided, 29 percent were children less than 15 years of age, 16 percent of participants were between the ages of 16-24, and 13 percent were 50 years of age and older.

Chart 4: Age of HPI Participants (n=17,105)



⁶ LAHSA 2007 Greater Los Angeles Homeless Count.

Strategy ② Transitional Supportive Services
\$7,381,343

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

Access to Housing for Health (AHH) • Recuperative Care • Homeless Release Projects (DPSS-DHS and DPSS-Sheriff) • Just In-Reach Program

Discharge Planning for Hospital Patients

The Access to Housing for Health (AHH), Recuperative Care, and DPSS-DHS Homeless Release programs provided discharge planning for hospital patients at-risk of becoming homeless. A discharge plan connected these patients to needed services that helped them attain stable housing and a better quality of life. Both the AHH and Recuperative Care programs have shown improvements in health outcomes, such as reductions in Emergency Room (ER) visits and inpatient hospitalizations. These reductions lead to cost savings for the County.

Outcomes

- **Improved Health:** Since March 2007, 41 AHH clients reached their one-year mark. They had a combined total of 183 ER visits during the 12 months prior to enrollment. Post enrollment, the clients only had a combined total of 34 ER visits for an 81% reduction. The 41 AHH clients were hospitalized for a combined total of 340 days prior to AHH enrollment. These same clients only had 28 inpatient days post AHH enrollment. The number of inpatient days was reduced by 92%.
- A six month pre/post analysis for Recuperative Care patients reported a 33% reduction in ER visits and a 67% reduction in inpatient hospitalizations.
- **Linkages to Public Benefits:** The AHH, Recuperative Care, and DHS-DPSS Homeless Release projects made 534 connections to public benefits for individuals, including: SSI/SSDI, Medi-Cal, and General Relief.
- **Housing Stability:** AHH placed 53 individuals into permanent housing. All 46 individuals who have been placed into permanent housing for six months or more have remained in housing.

Discharge Planning for Individuals Released from Jails

The Just In-Reach and DPSS-Sheriff Homeless Release projects connected individuals to services and benefits prior to release from jail to help support steps towards building a better future, including stable housing and employment.

Outcomes

- **Linkages to Public Benefits:** The Just In-Reach and DPSS-Sheriff Homeless Release projects have served 4,386 individuals and made 2,422 connections to public benefits, including: General Relief, Food Stamps, SSI/SSDI, and Veteran's benefits.
- **Housing Placement:** Housing locators have assisted 292 individuals with housing placement. The majority of housing has been emergency and transitional housing. Through the Just In-Reach program, over 103 clients identified as homeless or chronically homeless have been released to housing, transitional living or a residential program. These are clients that if not for this program, would have otherwise ended up homeless on the streets. Out of the 362 individuals enrolled, this is a 28% placement rate which is extremely high for this population.
- **Transition to Communities:** By offering case management to all Just In-Reach clients and focusing on education/job opportunities, 217 individuals received job related/education services, and 83 percent (223 of 270 who remained in the program) have not returned to jail.

- Long Beach Homeless Veterans outreached to over 200 veterans to make connections to services, housing, and benefits. Single Parents United N Kids (SPUNK) assisted 22 clients with a total of 28 child support cases. Of those, SPUNK closed nine client cases for a total arrears savings of \$315,817.

Strategy ⑤ Supportive Services Integration and Linkages to Housing \$11,465,541

Clients receive integrated supportive services and housing.

Case Management • Recuperative Care • Housing Locators • Multi-disciplinary Team/Access Center
• Project Homeless Connect

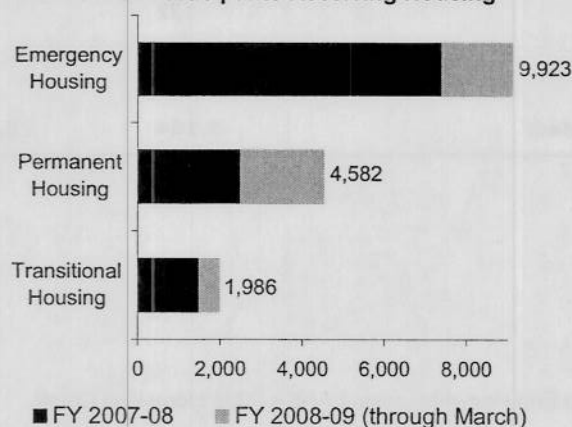
Linkages to Housing – A total of 3,866 participants received permanent housing with 59 percent being families, 17 percent transition age youth, and 24 percent individuals. In contrast, 85 percent of individuals received emergency/transitional housing placement. Chart 6 shows the number of participants who received housing; several LAHSA contracts for emergency/transitional housing ended during FY 2007-08. This quarter, 17 programs placed participants into temporary housing. Participants in these programs spent an average of 35 days in temporary housing prior to permanent or transitional housing. Participant stay in temporary housing ranged from 1-128 days.

Five programs focus on supportive services integration and linkages to housing. Two programs will serve as service integration models. In June 2009, the Weingart Center Association in partnership with JWCH Institute and the County of Los Angeles opened a state-of-the-art, 20,000 square foot Community Health Center in downtown Los Angeles. In addition, the SSI Advocacy program will increase the number of early SSI approvals by coordinating efforts between DPSS and DHS to utilize existing County medical records and improve the overall SSI application process.

Table 3: Housing Placement through March 2009	Emergency/ Transitional		Permanent Housing	
Individuals	8,012	85%	918	24%
Transition Age Youth	175	2%	666	17%
Families	1,203	13%	2,302	59%
Total	9,390	100%	3,866	100%

Services not categorized by population above: 716 who were moved into permanent housing; 1,241 who were moved into transitional housing; and 476 who were placed into emergency housing.

Chart 6: HPI Participants Receiving Housing



Supportive Health and Human Services

For the current fiscal year to date, 16 programs made 15,159 linkages between participants and supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 6 shows 35 percent (5,333) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 13 percent of linkages were for health care (1,909), and 10 percent (1,571) were for mental health care.

Knowing that 74 percent of the homeless population have a physical or mental disability, depression, alcohol or drug use, or chronic health problems,⁸ linking these individuals and families with health care, mental health care, and substance abuse treatment is critical. Additionally, with the forthcoming HPRP funding, the County plans to expand services to assist families and individuals with credit repair, legal assistance, and money management. In a recent HPI survey, providers also indicated interest in improving access to child care, law enforcement, and employment support.

Eighteen programs reported providing case management services, and 10 programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.⁹ Hours provided to each participant per month ranged from 1-80 hours (average of 17 hours) with an average caseload of 19 cases per case manager.

Table 6: Supportive Services through March 2009	FY 2008-09 YTD	Percent	FY 2007-08*
Case management	5,333	35%	2,257
Health care	1,909	13%	183
Mental health care	1,571	10%	182
Life skills	1,546	10%	676
Transportation	1,488	10%	615
Alternative court	855	6%	286
Resident rights/responsibilities	573	4%	-
Substance abuse treatment	502	3%	130
Social/community activity	475	3%	51
Food vouchers/food	324	2%	414
Recuperative care	244	1%	45
Other**	171	1%	5
Legal services	76	1%	15
Clothing/hygiene	92	1%	80
Total number of services provided to participants:	15,159	100%	4,939

* For FY 2007-08, this report includes LAHSA contracted programs that provided referrals to mental health care (including domestic violence counseling) and substance abuse treatment.

**Other services include: auto insurance, driver's license release, identification card, and pet care.

⁸ LAHSA 2007 Greater Los Angeles Homeless Count.

⁹ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

A brief description of each innovative program:

- **Project 50** – The project is a successful collaboration that includes over 24 government and non-profit agencies. Based on Common Ground's *Street to Home* strategy, Project 50 integrates housing and supportive services for vulnerable, chronic homeless individuals living near downtown Los Angeles on Skid Row. A year after its launch, the pilot successfully moved 50 vulnerable, chronic homeless individuals off of Skid Row with an impressive housing retention rate of 88 percent. Moreover, significant decreases in hospitalizations and emergency room visits indicate improved health and behavioral health outcomes. In addition to improving the quality of life for these 50 individuals, estimates show considerable cost savings as a result of fewer days spent in ERs, hospitals, and jails.
- **Skid Row Families Demonstration Project** – A total of 237 families have been placed into permanent housing. Of these families, 96 percent have successfully maintained permanent housing for six or more months (131 have maintained their permanent housing for 12 months or more, 96 families have maintained permanent housing for seven to 12 months, and 10 families are in their first six months of permanent housing). For the first six months in permanent housing, families are offered home-based case management. Consistent contact has enabled the Housing First Case Managers to develop positive relationships based on trust. Case management has included linking families to various supportive services, including: community resources, mental health referrals, school referrals, job training referrals, money management, and financial planning. After six months of home-based case management to help families stabilize, the majority of families received follow-up phone calls to ensure they are doing well and are not in crisis.
- **Homeless Courts** – A total of 877 individuals have had their warrants or citations dismissed as a result of successful completion of mental health and/or substance abuse treatment requirements of the Los Angeles County Homeless Court and Santa Monica Homeless Community Court. In addition, nine individuals have graduated from the Co-Occurring Disorders Court to have charges dismissed. As a result of having outstanding warrants, citations, or charges resolved, these individuals have been able to move forward by securing employment, reconnecting with their families, and planning for their future. For example, one participant obtained his GED, became a certified cook and hopes of owning his own restaurant. Another participant said that the program has changed his life by helping him achieve sobriety for over 17 months and reunite with his family.
- **Los Angeles County Housing Resource Center (LACHRC)** – The online database provides information on housing listings for public users, housing locators, and caseworkers. Over 2.4 million searches have been conducted by users to receive listings. The LACHRC is an excellent example of using technology to make information more accessible, and clients are very grateful for this service. Plans for adding a pre-screening feature to determine HPRP program eligibility will further improve system navigation for clients.

VI. RECOMMENDATIONS

County of Los Angeles Homeless Service Integration Plan

Through March 2009, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we will continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live.

The FY 2009-10 County of Los Angeles Homeless Service Integration Plan includes four goals:

- Support residents towards self-sufficiency to prevent homelessness;
- Increase linkages to transitional supportive services;
- Create a regional approach to housing development; and
- Enhance integration of supportive services and housing.

The Plan aligns efforts to more effectively use resources and achieve better outcomes. Focusing on a regional approach, the Plan includes expansion of successful *Housing First* models, greater access to integrated health and social services, and support for pathways to stable housing for the homeless GR population. More information about the Plan's objectives will be described in the next status report.

Homelessness Prevention and Rapid Re-Housing Program (HPRP)

With the economic recession increasing unemployment and foreclosure rates, more residents are at-risk of becoming homeless. In these difficult times, the County is experiencing a dramatic rise in requests for public assistance. Unfortunately, many of those who apply for assistance are simply not eligible due to income requirements. Therefore, the County is making a commitment to assist these residents by investing \$12.1 million from the American Recovery and Reinvestment Act HPRP funding to expand housing assistance and rapid re-housing services. Moreover, the County plans to develop a seamless service system to further support individuals and families through case management and linkages to other supportive services, including household budgeting, legal services, and tenant-landlord counseling. By building on the success of HPI programs, the County will target resources towards preventing homelessness as well as strengthening network connections among providers.

Through lessons learned from the HPI, HPRP funding will focus on enhancing coordination of services. By knowing more about the broader network of available services, HPI providers could make more direct referrals and linkages for clients. In response, the HPRP proposal includes plans to add an online pre-screening feature to the LACHRC website to determine program eligibility, assist with making referrals, and improve overall system navigation.

In June 2009, the U.S. Department of Housing and Urban Development approved the County's HPRP application, and the County is to receive a grant agreement in August. Currently, County departments are working with CDC and LAHSA to be ready for implementation in October.

In summary, the CEO will continue to develop public private partnerships with cities and communities throughout the County to create regional solutions to address and reduce homelessness. To ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County departments, LAHSA, CDC, and various cities to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. Each of these efforts and the Board's continued investment will ensure that the initiative to reduce homelessness throughout Los Angeles is successful.

Table of Homeless Prevention Initiative (HPI) Programs

Program		Indicator (to date)	Target	Funding	Budget
Families (I)					
3	1. Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	5,163 families received eviction prevention to prevent homelessness	2,079	One-Time	\$500,000
1	2. Moving Assistance for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families	2,935 families received moving assistance and permanent housing	1,305 450	One-Time	\$1,300,000
1	3. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	211 families received rental subsidies to prevent homelessness	1,475	One-Time	\$4,500,000
5	4. Housing Locators	573 families placed into permanent housing	n/a	DPSS	\$1,930,000
6	5. Skid Row Families Demonstration Project	237 families placed into permanent housing	300	Board Approved	\$9,212,000
Transition Age Youth (II)					
9	6. Moving Assistance/Rental Subsidies for TAY – DCFS	388 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
9	7. Moving Assistance/Rental Subsidies for TAY – Probation	311 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
Individuals (III)					
11	8. Access to Housing for Health (AHH)	53 clients placed into permanent housing 92% decrease in inpatient days; 81% in ER visits	115 cap	Board Approved	\$3,000,000
13	9. Co-Occurring Disorders Court	43 individuals placed into transitional housing	n/a	Ongoing	\$200,000
15	10. DPSS General Relief Housing Subsidy & Case Management Project	1,426 homeless GR participants received moving assistance (to revise, evaluation report forthcoming)	900 time	Ongoing	\$4,052,000
17	11. DPSS-DHS Homeless Release Project	335 potentially homeless individuals received benefits	n/a	Ongoing	\$588,000
17	12. DPSS-Sheriff's Homeless Release Project	2,327 potentially homeless individuals received benefits	n/a	Ongoing	\$1,171,000
19	13. Homeless Recuperative Care Beds (DHS)	208 individuals were served through this program 67% decrease in hospitalizations; 33% in ER visits	490/2yr	One-Time	\$2,489,000
20	14. Housing Specialists (most clients are individuals)	508 placed into permanent housing	n/a	DMH MHSA	\$923,000
21	15. Just In-Reach Program	95 individuals received public benefits	Individuals 400/2 yr	One-Time	\$1,500,000
24	16. Long Beach Services for Homeless Veterans (mostly individuals)	38 veterans received case management services	n/a	Ongoing	\$500,000
26	17. Los Angeles County Homeless Court Program	775 individuals with citations or warrants dismissed	n/a	Ongoing	\$379,000
28	18. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	166 single adults received moving assistance to prevent homelessness	until 2,000	One-Time	\$1,100,000
29	19. Project 50	53 chronic homeless individuals placed into permanent housing	50	One-Time	\$3,600,000
31	20. Santa Monica Homeless Community Court	102 individuals with citations or warrants dismissed	90	Board Approved	\$540,000
33	21. Santa Monica Service Registry	43 chronic homeless individuals have participated	n/a	3 rd District	\$1,178,100
Multiple Populations (IV)					
36	22. Los Angeles County Housing Resource Center	Over 2.4 million housing searches conducted	n/a	Ongoing	\$202,000

For this report, unless specified: Year to date (YTD) refers to the first, second, and third quarters of FY 2008-09 (July 1-March 31, 2009). Cumulative refers to the number of clients served to date.

I. PROGRAMS FOR FAMILIES

1, 2, 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	\$500,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$4,500,000

Table A.1: DPSS Services for Families by Program
FY 2008-09, through March 31, 2009

Program (unduplicated count)	Year to Date (YTD)	Cumulative
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	2,755 received eviction prevention	5,163 received eviction prevention
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	1,449 received moving assistance and permanent housing	2,935 received moving assistance and permanent housing
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	131 received rental subsidies for permanent housing	211 received rental subsidies for permanent housing

Table A.2: DPSS Measures by Program
FY 2008-09, through March 31, 2009

Program (unduplicated count)	Number of applications received		Percent of applications approved		Average amount of grant	
	YTD	To date	YTD	To date	YTD	FY 07-08
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	4,057	7,717	68%	67%	\$608	\$589
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	2,021	4,312	75%	68%	\$624	\$629
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	137	215	96%	99%	\$427	\$150

Each program reported an average of three business days to approve an application.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: The Emergency Assistance to Prevent Eviction (EAPE) Program assisted 854 families this quarter. These families were able to remain housed and/or keep their utility services.

Challenges: Although there have been numerous challenges with the budget, funding was identified to maintain this program through this fiscal year.

Action Plan: The action plan is to continue assisting as many families as possible to prevent homelessness especially through the current economic downturn.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$1.93 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures
FY 2008-09, through December 31, 2008

(unduplicated count)	YTD	Cumulative
Homeless Families	471	1,685
Housing (permanent)	210	573
Number of referrals to Program	471	1,685
Average time to place family (days)	60-180	60-180

Successes: Through the assistance of the Housing Locators, 210 families were placed into permanent housing during October-November 2008. No placements were made in December 2008.

Challenges: Due to budget constraints, the Housing Locators contract has been officially terminated effective December 15, 2008. Referrals to the Housing Locators program ended effective October 15, 2008.

Action Plan: The Housing Locator's program contract was terminated effective December 15, 2008.

housing for twelve months or more, 96 families have maintained permanent housing for seven to twelve months, and 10 families are in their first six months of permanent housing. Of the total number of families enrolled in the SRFDP, only 4 families remain pending relocation to permanent housing.

Based on the number of families remaining stable in permanent housing, it is clear that the home based case management design of the Housing First Program is successful. During the first six months of permanent housing the families receive consistent, regular home visits from their case managers. During these visits they study and discuss the "Family Survival Guide" and "Successful Household Money Management" guide to learn tools and life skills they will later be able to integrate into their every day lives. Successful plans are set in place for budgeting and paying rent and bills on time. Clients are encouraged to engage in activities in their communities, and to learn the resources available in their local neighborhood. Case managers link clients with local DMH providers, child care providers, schools, after school programs, medical clinics, transportation information and shopping locations. The family becomes invested and feels connected to the community and to their home; thus, creating further stability and potential for ongoing success. At 7 to 12 months in permanent housing, the case management follow up calls have also been instrumental. The ongoing support and foundation for the family's stability remains available to them for any of their continued needs. The case manager is available to assist with interpersonal conflict resolution, referrals to community resources, and guidance through any Housing Authority City of Los Angeles (HACLA) related procedures, such as recertification inspections, reassessment of income, or any conflict with the property owner. The majority of the families has maintained good relationships with their property owners, and has not been involved in ongoing crises related to their housing.

Challenges: The main challenge during the past quarter was working with families who could not maintain their rent after the shallow subsidy ended. As of January 2009, all clients receiving a shallow subsidy were required to pay the entire rent on their own. In order to be eligible to receive the shallow subsidy, the client was required to focus on increasing their income and financial stability with an employment plan. Throughout the time the family received the shallow subsidy, the case management focused on removing any barriers to achieving financial independence and stability. The Family Action Plans included referrals for some or all of the following: employment, adult education (GED), trade schools, mental health providers, substance abuse treatment, and domestic violence counseling. Regardless of consistent efforts from case managers to link these families with resources to achieve the goal, many were unable to remain stable. Of the 21 clients who received the shallow subsidy throughout the program, 12 have been unable to maintain or achieve increased income to pay for rent independently; 7 of the 12 have suspected ongoing domestic violence issues and/or substance abuse issues that they are unwilling to admit to or address. The remaining 5 of the 12 are undocumented immigrants who have an especially difficult time increasing their income. Currently these issues, in conjunction with a very difficult job market, have made financial independence unattainable for these families.

Another systemic challenge relates to the client's change of income during the first several months of their Section 8 lease. Once the lease is signed, and the Section 8 contract begins between the client, property owner and HACLA, it takes approximately 4 to 6 months for HACLA to transfer the file and assign an advisor to the client. Only the advisor can re-evaluate the income to determine a lower share of rent/cost for the client. For example, when the client loses his job, or CalWORKs is decreased/terminated, child support payments cease, or any other decrease occurs, the client is unable to afford his rent. Previously with SRFDP funds, we were able to assist with utility bills or some portion of the rent during those episodes of transition. Currently this transition creates a crisis situation for the family.

Action plan: The shallow subsidy has been successful with nine families with higher functioning who were able to maintain gainful employment. The families who have been unsuccessful have been referred to transitional housing, substance abuse treatment programs, and domestic violence shelters where they will be able to address their ongoing crises. The priority for these families is to resolve substance abuse and/or domestic violence issues so that they are more likely to obtain gainful employment and financial stability in the future.

The crucial issue for clients residing in Section 8 housing with a change of income is the need for HACLA

II. PROGRAMS FOR TRANSITION AGE YOUTH

6 and 7) Moving Assistance for Transition Age Youth

Goal: Assist Transition Age Youth (TAY) to move into and secure permanent housing.

Budget: \$3.5 million (One-Time Funding)

Table B.1: Moving Assistance for Transition Age Youth Participants
FY 2008-09, through March 31, 2009

	Total YTD	Probation		DCFS	
		YTD	Cumulative	YTD	**Cumulative
Transition Age Youth	422 (100%)	*108 (new)	311	314 (all)	388
Female	271 (64%)	48	137	223	-
Male	151 (36%)	60	174	91	-
Hispanic	112 (27%)	32	79	80	-
African American	284 (67%)	71	218	213	-
White	17 (4%)	1	9	16	-
Asian/Pacific Islander	8 (2%)	4	5	4	-
Native American/Other	-	-	-	-	-
16-24	422 (100%)	108	311	314	-

*During the First Quarter of FY 2008-09, 68 new TAY were enrolled; 35 TAY enrolled in the Second Quarter.

**FY 2007-08 DCFS demographic participant data was duplicative. 79 TAY enrolled in the Second Quarter.

Table B.2: Moving Assistance for Transition Age Youth Services
FY 2008-09, through March 31, 2009

(unduplicated count)	Total YTD	Probation		DCFS	
		YTD	Cumulative	YTD	Cumulative
Moving assistance	238	132	253	106	161
Rental subsidy	451	142	311	309	388
Housing (permanent)	210	152	311	58	191
Eviction prevention				1	1
Any supportive service ⁺	67	48	101	19	64
Education	57	9	-	48	58
Job training, referrals	39	-	-	31	35
Job placement	39	39	81	-	-
Case management	516	202	311	314	388
Life skills	8	-	-	8	8
Mental health	1	-	-	1	1
Transportation	77	-	-	77	94
Food vouchers	29	-	-	29	29
Clothing	58	-	-	58	58
Auto insurance	10	-	-	10	10

⁺Probation does not break down supportive service by type, except for job placement.

Table B.3: Longer-term Outcomes for Transition Age Youth
(6 or more months), FY 2008-09, Third Quarter

	Probation	DCFS
Continuing to live in housing	152	36
Continuing to receive rental subsidy	-	2
Obtained employment	-	9
Maintained employment	-	22
Enrolled in educational program/school	-	25
Received high school diploma/GED	-	-

DCFS data is from the Second Quarter.

III. PROGRAMS FOR INDIVIDUALS**8) Access to Housing for Health (AHH)**

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$3 million (Board Approved Funding)

Table C.1 : Access to Housing for Health Participants and Services					
FY 2008-09, through March 31, 2009					
(unduplicated count)	YTD	Cumulative		YTD	Cumulative
Homeless Individuals	1	5	Education	-	2
Chronic Homeless	29	87	Job training	-	1
Homeless Families	-	4	Job placement	-	2
Female	13	39			
Male	16	64	General Relief	13	60
Transgender	1	1	Food Stamps only	-	1
Hispanic	4	24	Medi-Cal/Medicare	3	32
African American	10	43	Section 8	10	41
White	16	35	Public Housing Certificate	4	12
Asian/Pacific Islander	-	1	SSI/SSDI	5	28
Native American	-	-		YTD	Cumulative
Other	-	1	Case management	30	96
			Health care	30	96
15 and below	-	7	Life skills	30	96
25-49	12	39	Mental health/counseling	12	27
50+	18	58	Substance abuse (outpat.)	5	16
			Transportation	30	96
Moving assistance	12	50			
Housing (emergency/transitional)	30	96			
Housing (permanent)	14	53			
Rental subsidy	14	53			
Program Specific Measures				YTD	Cumulative
Number of referrals				187	540
Number admitted to program (enrolled)				30	96
Pending applications				7	n/a
Number that did not meet eligibility criteria				150	444
Number of exited clients				7	27
Reduction in Emergency Department visits (12 months post enrollment, n=41)				-	81%
Reduction in number of inpatient days (12 months post enrollment, n=41)				-	92%
Number of new AHH enrollees that have a primary healthcare provider				30	96
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:				128 days, 53 into permanent housing	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				16 hours	
Total case management hours for all participants during current reporting period:				780 hours	
Number of cases per case manager:				10 cases	

9) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C.3: Co-Occurring Disorders Court Participants and Services					
FY 2008-09, through March 31, 2009					
(unduplicated count)	YTD	Cumulative		YTD	Cumulative
Chronic Homeless	28	63	Education	5	15
Homeless Individuals	2	2	Job training/referrals	13	22
Transition Age Youth	1	1	Job placement	-	1
			CalWORKs	-	1
Female	24	41	General Relief (GR,FS)	9	12
Male	7	25	Food Stamps only	2	3
			Medi-Cal/Medicare	6	29
Hispanic	3	7	SSI/SSDI	2	27
African American	24	54	Shelter Plus Care	4	2
White	3	4	Alternative court	30	39
Other	1	1	Case management	30	39
			Health care/medical	16	20
16-24		3	Life skills	27	35
25-49		38	Mental health/counseling	30	39
50+		26	Social/community activity	13	18
Housing (emergency)	4	8	Substance abuse (outpatient)	48	57
Housing (transitional)	23	43	Substance abuse (residential)	12	15
Rental subsidy	23	30	Transportation	30	39
			Clothing/hygiene	27	36
Longer-term Outcomes			6 mo.	12 mo.	18 mo.
Receiving rental subsidy			3	1	1
Enrolled in educational program, school			2	2	1
Case management			6	3	4
Health care			6	6	-
Good or improved physical health			6	1	6
Mental health/counseling			2	5	5
Good or improved mental health			5	5	5
Recuperative care			-	3	2
Substance abuse treatment (outpatient)			4	1	3
Substance abuse treatment (residential)			2	3	3
No drug use			3	-	2
Reunited with family			-	2	1
Emergency Housing/Case Management					
Average level III case management hours for each participant per month:				6 hours	
Total case management hours for all participants during current reporting period:				700 hours	
Number of cases per case manager:				6 cases	

Successes: During the third quarter, a second cohort of CODC clients graduated, thereby increasing the total number of CODC graduates to nine. Several additional clients are expected to graduate in the next quarter. The majority of those who graduated have met their treatment, mental health, life goals, and have successfully transitioned to lower levels of care in the community. Many of the CODC clients have chosen to maintain voluntary involvement with SSG Central Mental Health even after successfully graduating. Ninety-five percent of the graduated clients continue to attend SSG's groups and partake in social activities on a weekly or more frequent basis. Others have volunteered to mentor the newly-admitted clients and to serve as inspirational role models. Ongoing client engagement and participation exemplify the powerful bonds that are created between the clients and the treatment team members over the course of the 18-month CODC treatment program. The Program continues to enhance its interagency collaboration by employing participatory communication, consensus-building, and teamwork among the various programs involved with the CODC. SSG and DMH meet regularly both at Court and at the SSG clinic. Enhanced collaboration has resulted in improvements in client care with respect to jail-to-

10) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rental subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures				
FY 2008-09, through March 31, 2009				
Moving assistance unduplicated	YTD		YTD	
Chronic Homeless	322		Education	18
Homeless Individuals	825		Job training/referrals	440
			Job placement	145
Female	444			
Male	703		SSI/SSDI	79
			Section 8	2
Hispanic	146		Veteran's	1
African American	748			
White	205		Case management*	2,427
Asian/Pacific Islander	30		Health care	360
Native American	10		Life skills	172
Other	8		Mental health/counseling	348
			Substance abuse (resident)	3
16-24	83		Substance abuse (outpatient)	93
25-49	502		Transportation	457
50+	146		Recuperative care	3
	YTD	FY 07-08	Social/community event	1
Rental (housing) subsidy*	2,427	1,535	Misc/other	8
Moving assistance	566	860		
<i>*Unduplicated number to be provided with release of program evaluation report.</i>				
Longer-term Outcomes				
	6 mo.	12 mo.	18 mo.	
Receiving rental subsidy	516	198	104	
Obtained employment	26	-	-	
Maintained employment	4	1	-	
Enrolled in educational program, school	2	1	-	
Case management	516	26	-	
Health care	-	24	-	
Good or improved physical health	3	1	1	
Mental health/counseling	-	198	19	
Good or improved mental health	-	-	19	
Recuperative care	-	4	-	
Substance abuse treatment (outpatient)	-	-	104	
Substance abuse treatment (residential)	19	-	-	
No drug use	9	-	-	
Reunited with family	-	-	-	

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures			
FY 2008-09, Third Quarter			
	Third Quarter	YTD	
Number of applications received	439	1,234	
Average number of business days to approve	18	19	
Average amount of rental subsidy	\$292	\$290	
Number of individuals re-entering program	16	73	
Number of SSI approvals	27	79	
Percent of SSI approvals	9%	9%	
Number of individuals disengaged from program	180	413	

11 and 12) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$1.171 million (On-going Funding)

Table C.6 Homeless Release (unduplicated count) FY 2008-09, through March 31, 2009	Year to Date Total	DPSS-DHS		DPSS-Sheriff	
		YTD	Cumulative	YTD	Cumulative
Homeless Individuals	1,246	286	700	960	4,006
Female	410	62	*n/a	348	*n/a
Male	612	224		388	
Transgender	3	-		3	
Hispanic	389	69		320	
African American	566	128		438	
White	262	78		184	
Asian/PI	6	2		4	
Native American	4	1		3	
Other	23	8		15	
16-24	167	15		152	
25-49	640	150		490	
50+	218	121		97	
Housing (emergency)	225	61	61	75	176
Average stay (days)	9-14	14	14	12	12
CalWORKs (approvals)	35	-	1	13	38
General Relief (w/FS)	2,015	84	260	670	1,963
General Relief only	299	17	71	103	264
Food Stamps only	44	2	3	24	46
SSI/SSDI	9	-	-	12	12
Veterans' benefits	3	-	-	4	4

*Information not available for FY 2007-08.

Table C.7 Program Measures	Cumulative Total	DPSS-DHS		DPSS-Sheriff	
		YTD	Cumulative	YTD	Cumulative
Total referrals received	7,309	270	684	2,473	7,876
Total referrals accepted	5,041	102	388	1,738	5,201
Of the total referrals accepted:	(69%)				
Total approved	752 (YTD)	99	*99	961	2,353
Total denied	212 (YTD)	184	*184	35	121
Total pending release:	2,683 (YTD)	-	*-	1,219	-
Releases/discharges	372	94	239	133	133
Number of applications					
Food Stamps	35	-	1	12	46
General Relief	1,939	101	339	722	2,117
CalWORKs	26	-	1	13	32

Demographic information not provided for all participants

13) Homeless Recuperative Care Beds

Goal: Homeless individuals from area hospitals receive recuperative care and are discharged to transitional or permanent housing.

Budget: \$2.489 million (One-Time Funding)

Table C.8 : Homeless Recuperative Care Beds Participants and Services				
FY 2008-09, through March 31, 2009				
(unduplicated count)	Quarter	Cumulative		Cumulative
Homeless Individuals	68	208	Housing (permanent)	29
			Housing (transitional)	29
Female	12	29	Housing (emergency)	36
Male	56	178		
Transgender	-	1	General Relief only*	11
			Medi-Cal/Medicare*	7
Hispanic	10	21	SSI/SSDI*	7
African American	24	41		
White	18	31	Case management	208
Asian/Pacific Islander	2	2	Health care	208
Other	16	16	Life skills*	12
<i>(race through December 2008 only)</i>			Mental health/counseling	1
16-24	3	4	Recuperative care	208
25-49	30	97	Transportation*	70
50+	35	107	Substance abuse (outpatient)*	2
	Quarter	Cumulative		
Number of patients referred for recuperative care beds	86	271		
Number of patients admitted to recuperative care services	68	208		
Number of patients who were discharged from recuperative care services	58	176		
Number of patients who were assigned to a primary health care provider during recuperative care stay	68	208		
Average length of stay for patients in recuperative care program (days)	21	29		
Number of ER visits 6 months after being discharged from recuperative care	-	184		
Number of inpatient admissions 6 months after receiving recuperative care	-	65		
Emergency Housing/Case Management				
Average stay at emergency/transitional housing:			29 days	
Level 3 Assisted/Supported Referral and Counseling case management services				
Average case management hours for each participant per month:			4 hours	
Total case management hours for all participants during current reporting period:			480 hours	
Number of cases per case manager:			25 cases	

* Specific service data through December 2008 only

Successes: After the first year of enrolling recuperative care participants, a six-month pre/post analysis was conducted. For these recuperative care patients, a pre/post comparison showed a **33% reduction in ER visits and a 67% reduction in inpatient hospitalizations.**

Challenges: The most significant challenge is the lack of available and appropriate housing after discharge. In addition, a few recuperative care participants leave the facility without notice and do not return.

Action Plan: There have been increased efforts to link recuperative care services with permanent housing opportunities. A new recuperative care director was hired by JWCH to oversee all activities and to focus on addressing challenges.

Client Success Story: Client J lost his job, separated from his wife, and experiences mental health and substance abuse issues. He became homeless many years ago and has multiple health conditions, including hypertension, cellulitis and calcified hematoma. Since working with the recuperative care medical and case management staff, Client J has received a source of income and has obtained transitional housing. He is now residing near his family and church. He has been linked to a medical home and is expected to have surgery in a few months.

15) Just In-Reach Program

Goal: Engage homeless nonviolent inmates upon entry into jail. Develop a release plan that coordinates an assessment and links clients to supportive services, benefits, and housing options upon their release. Case management team works with clients to obtain employment and explore rental subsidy eligibility.

Budget: \$1,500,000 (One-Time Funding)

Table C.11 : Just In-Reach Program
FY 2008-09, through March 31, 2009

(duplicated count)	YTD		YTD
Homeless Individuals	153	Housing (emergency)	11
Chronic Homeless	209	Housing (transitional)	70
		Housing (permanent)	35
		Moving assistance	2
Female	93	Job training	192
Male	215	Job placement	19
		Education	6
Hispanic	97		
African American	137	General Relief (Food Stamps)	30
White	103	General Relief only	39
Asian/Pacific Islander	8	Food stamps only	25
Native American	3	Veterans' benefits	1
Other	38	Case management	237
(not for all participants)		Health care	2
		Mental health care	2
16-24	64	Substance abuse, outpatient	30
25-49	303	Substance abuse, residential	56
50+	40	Transportation	38
		Legal Advocacy	60
Program Specific Measures			YTD
Number of participants who received intake/enrollment			362
Number of participants who received intake/enrollment within 72 hrs of initial interview			265
Number of participants who did not complete program (exited prior to completing)			92
Number by violent crime			81
Number by non-violent crime			139
Number by area of residence prior to incarceration (most frequent residence)			
Number by area of residence prior to incarceration (second most frequent residence)			
Number of times in County jail			492
Number of times in State prison			65
Number of participants with a service plan			305
Number of participants with a service plan within a week from intake/enrollment			305
<u>Number of referrals provided to participants by type:</u>			
- Service(s): Case management, health/medical care, mental health, substance abuse treatment, transportation, and mentoring			312
- Benefit(s): CalWORKs, General Relief, Food Stamps only, Section 8 and/or Shelter Plus Care, SSI/SSDI, Medi-Cal, Veterans			95
- Job/education related service(s): Job training, employment referrals, education			40
Number of participants who do not return to jail			223
Emergency Housing/Case Management			
Average stay at emergency/transitional housing: (68 participants)			62 days
Level 2 Assisted/Supported Referral and Counseling case management services			
Average case management hours for each participant per month:			4 hours
Total case management hours for all participants during current reporting period:			1,262 hours
Number of cases per case manager:			32 cases

caseload for each case manager with more focus on motivated individuals that we can spend more quality time with. The eligibility criteria for this program is made up of chronically homeless and some of the hardest to serve individuals who require more intensive focus in order to get past their barriers. Clients who have met the minimum criteria for the program have been enrolled at a high acceptance rate; however if the individual is simply motivated by the fact that they are locked up and does not seem to want to make serious life changes, then we experience a high rate of drop-outs shortly after their release.

The maintenance of our data continues to be challenging. During the past month, we have had four meetings with our database contractor, in an effort to alleviate these issues. One of the biggest challenges is that we have six organizations using this web-based system, and one individual might be working with each of those agencies for one reason or another. For example, they might show housing at a jail facility when they are "in" and then one of the housing partner providers once they are "out" and the housing advocate might be with VOA, and their temporary housing being provided by Amity. These complexities have made it difficult to design the right management system that is also web-based and has the proper security in place. The contractor has been very receptive, and we anticipate that these issues will be resolved shortly.

Action Plan: We have incentives for participants built into the program and require a strong commitment from the client before they are enrolled. Incentives include transportation upon release, clothing, money for identification cards and birth certificates, bus tokens, housing subsidy (first/last), etc. In the future clients will also be able to receive incentive credits for participating in certain activities.

We have evaluated the high enrollment rate with the LASD CTU and have created a plan to address unqualified referrals that may lack the commitment that is required to complete one year of follow-up services. We are also evaluating our staffing resources to make sure no one has a high case load that will prevent them from providing adequate attention and follow-through for their clients.

Staff will continue to complete reports manually based on data and hard copy files. Although time consuming, it is necessary at this point for accuracy.

Client Success Story: Client M is a 47-year-old male who entered the Just In-Reach Program via the Twin Towers Correctional Facility in September 2008. He was enrolled in the program as a chronically homeless individual who was displaced from his prior residence before he was incarcerated.

An intake and multiple assessments were conducted and a program plan was created for him. He was assigned a Case Manager, Employment Specialist and Housing Advocate who would work with his case intensely due to his approaching release date from jail.

JIR staff used a resource at a Lancaster area ministry that eventually offered to give the client a full time job as a maintenance worker. Staff cultivated a relationship with a local property manager that allowed Michael to defer the down payment and move in costs, under the premise of a "handshake" agreement that JIR would be monitor the transaction and his employment.

Three months after his initial enrollment in the program, Client M moved into a one-bedroom apartment. The JIR program eventually contributed \$400 towards the move-in cost that was paid to the property manager. JIR staff continue to follow up with Client M as he has recently reached the 90 day employment and housing retention milestones.

Mental Health America, Los Angeles County DMH, The Center, St. Mary's CARE Program, V.A. Hospital of Long Beach, NAMI-Long Beach Chapter, Choices Recovery Services, The Children's Clinic, and Community Hospital of Long Beach. The partners are leveraging their relationships with other agencies to provide enhanced services to the veterans. SPUNK is referring clients to the Legal Aid Foundation of Los Angeles for legal assistance with child support issues and public benefits issues. US VETS is working with the University of Southern California School of Social Work, Military Social Work and Veteran Services Program to provide Masters of Social Work interns who will work with program clients. Additionally, through a collaboration with Vets 4 Vets, seven US VETS clients attended weekend retreats for peer supported PTSD therapy. The partner agencies continue to verify veteran status and benefits with the Long Beach Veterans Affairs Healthcare System.

Challenges: The Initiative is continuing to face challenges in program staffing. Both the City's veteran-specific outreach worker and MHA's nurse practitioner left employment during the quarter. To compensate for the current vacancies, duties have been temporarily shifted to ensure continuity of service to the homeless veterans in the community. Both positions will be filled during the fourth quarter.

Action Plan: The Initiative partners will:

- Implement a citywide mental health event, proposed for May 9, 2009.
- Host ongoing coordination meetings for the Initiative, including all of the partner agencies.
- Develop partnerships with other community based organizations so to provide an expanded safety net for returning veterans.
- Utilize Homeless Management Information System (HMIS) to track and share information between Initiative partners.
- Develop and distribute informational brochures about mental health issues – A mental health brochure was approved for distribution in April 2009 and will be reported in the Quarter 4 report.
- Continue to seek additional funding for mental health and/or veterans services/housing. MHALA applied for a SAMHSA grant opportunity, Services in Supportive Housing. The purpose of this program is to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing chronic homelessness in coordination with existing permanent supportive housing programs and resources.
- The City is applying for Homelessness Prevention and Rapid Re-Housing Program, authorized under the 2009 American Reinvestment and Recovery Act, which provides financial assistance, as well as housing relocation and stabilization services to individuals and families at-risk or currently experiencing homelessness. The total allocation for the City of Long Beach will be \$3,566,451.

Client Success Stories: Client J is a 60-year-old permanently disabled veteran who was referred to SPUNK by his social worker at the VA Hospital in Long Beach. Client J has heart disease and recently had open-heart surgery. During one of his doctor visits, he asked the social worker for a referral for help with his child support issue as he was being billed over \$18,000 in back child support. Client J's driver's license had been suspended as a result and needed assistance with getting his driver's license back so that he could drive to his medical appointments. When Client J came in he didn't have the appropriate paperwork showing that he was permanently and totally disabled, so we referred him to the VA representative that is located at U.S. VETS facility in the Villages at Cabrillo. When Client J brought in the appropriate paperwork, it was immediately faxed to the Los Angeles County Child Support Services Department. His case is now closed and his driver's license has been reinstated.

An Afghanistan veteran who is receiving SSDI recently lost his mother and custody of his daughter while in a US VETS program. Despite this overwhelming adversity, with comprehensive case management and housing provided by US VETS, he managed to refrain from using drugs or alcohol, and enroll in school as a full-time student. Through the HUD VASH program, he was finally able to get his own apartment. He continues to receive case management, remain sober, and do well in school.

Client K is 54-year-old disabled veteran suffering from extreme anxiety. Client K had been homeless for over 10 years, living out of his van. Recently, Client K was placed in a transitional housing program and was able to be reconnected with his brother and sister-in-law. Client K's family is now actively involved in the client's case management plan and plays a supportive role in his life.

Challenges: One challenge that inhibits our ability to make Homeless Court the most efficient and reliable program possible for our clients is the lack of consistency in the processing of Homeless Court motions and requests for resolution. One of our previous successes was in working with the Superior Court to develop a more streamlined process for handling Homeless Court motions submitted by the City Attorney and District Attorney, which has significantly reduced the processing time for those motions. However, staff continue to see significant delays in the resolution of cases in other jurisdictions. Staff have also found that some jurisdictions do not keep records of requests received and motions submitted, which means that when we follow up to check on the status of a particular case, there is no record with the responsible jurisdiction of whether the motion was ever filed. In these instances, staff has to resubmit a request for resolution, which leads to delays for the client in having his or her cases resolved. Another challenge is that some jurisdictions do not notify us once a case has been resolved. Therefore, staff periodically run the client's criminal record in order to determine whether the request for resolution was processed. Finally, staff has found with certain jurisdictions that there is a delay in updating the criminal record database to reflect the resolution of a citation, and that the resolution date is often back-dated.

A systemic challenge that has been identified is that individuals frequently are taken into custody, spend time in jail, and are then released with their outstanding citations and warrants still unresolved. This appears to have happened for about one out of every three Homeless Court clients. This means that individuals are using their once-in-a-lifetime opportunity to participate in Homeless Court to resolve citations that, in theory, should have been cleared because they spent time in custody.

Superior Court noted that in Los Angeles County there are 17 prosecutors, consisting of the District Attorney and 16 local prosecutors. The Program deals primarily with the Los Angeles City Attorney and the District Attorney. Motions from those two agencies are generally submitted by the prosecutor to the Central Arraignment Courts for judicial determination and clerical processing. A portion of motions for citations/cases prosecuted by the District Attorney and non City of Los Angeles local prosecutors continue to be handled inconsistently. This has resulted in judicial review and clerical processing delays.

Action Plan: Public Counsel has begun to address the processing issues described above by opening a dialogue with the various jurisdictions to identify where the challenges originate and how we might be able to address them. For example, the City of Long Beach does not have court clerks dedicated to processing Homeless Court motions, which often results in long delays in the motions being processed. To remedy this, the Superior Court has agreed to accept motions from Long Beach to be processed by their dedicated clerks. The program plans to work similarly with other jurisdictions to resolve any existing issues. Public Counsel discussed the issue of individuals being released from custody with outstanding citations and warrants with the Public Defender's Office and were informed that because infractions, which most of these outstanding citations and warrants are for, run on a different system and are never sent to the Court, there is very little that their office can do to address the issue. On their recommendation, staff met with representatives from the Sheriff's Department to discuss the issue and plan to meet further with representatives from the Sheriff's Department and other involved agencies in an attempt to identify a solution to this issue.

Superior Court will continue to coordinate efforts with Public Counsel to work more with the District Attorney and local prosecutors in expeditiously reviewing individual clients' cases/citations and making a determination to petition the Court for relief. This includes those prosecutors submitting their respective motions (directly or through Public Counsel) to the Central Arraignment Courts.

Client Success Story: Client A was referred to Homeless Court by his counselor at a counseling service agency where he was getting substance abuse treatment as part of his participation in the Proposition 36 program. Through Proposition 36, Mr. A had the opportunity to receive substance abuse treatment instead of being incarcerated for a drug-related offense. Homeless Court assisted Mr. A in resolving his outstanding citations, and his counselor reports that he is now working full time as a contractor in the electronics field. Mr. A is a successful graduate of Proposition 36 and has been sober for over one year. He is still fully active in his 12-step program and is living on his own.

19) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.15: Project 50 Participants and Services
FY 2008-09, through March 31, 2009

(unduplicated count)	YTD	Cumulative		YTD	Cumulative
Chronic Homeless Individuals (ever housed)		53	Education	2	2
Female	-	3	Job training/referrals	-	2
Male	5	41	Job placement	2	2
Transgender	-	1			
			General Relief (GR,FS)	-	10
			General Relief only	4	7
			Food Stamps	-	1
Hispanic	-	11	Medi-Cal/Medicare	10	16
African American	3	43	Section 8	-	1
White	3	6	Shelter Plus Care	5	41
Asian/Pacific Islander	-	-	SSI/SSDI	10	31
Native American	-	-	Veterans	-	8
Other	1	1			
			Case management	38	41
25-49	-	4	Health care/medical	37	41
50+	5	32	Mental health/counseling	35	38
			Social/community activity	-	30
			Substance abuse (outpatient)	-	20
Housing (emergency)	-	41	Substance abuse (residential)	5	14
Housing (permanent)	5	41	Transportation	-	35
Rental Subsidy	-	41	Legal Services	-	11
Longer-term outcomes (12 months)			Quarter		
Continuing to live in housing			41		
Receiving rental subsidy			41		
Obtained employment			2		
Maintained employment			1		
Enrolled in educational program			2		
Case management			41		
Health care			41		
Mental health/counseling			34		
Substance abuse treatment (outpatient)			30		
Substance abuse treatment (residential)			5		
No drug use			14		
Reunited with family			3		
Case Management			Quarter		
Level 3 case management services					
Average for each participant per month:			5 hours		
Total hours for all participants:			95 hours		
Number of cases per case manager:			19 cases		

20) Santa Monica Homeless Community Court

Program funding from HPI ended June 30, 2009. Next report will provide data through program completion as well as updates on sustainability.

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000

Table C.16: Santa Monica Homeless Community Court Participants and Services
FY 2008-09, Cumulative (February 2007 – December 2008)

(unduplicated count)	Cumulative	*Cumulative
Chronic Homeless Individuals	142	15 and below 25-54** 110
Female	46	55+ 32
Male	96	Housing (emer/trans) 60
		Housing (permanent) 17
Hispanic*	17	Rental subsidy 11
African American	33	
White	92	Alternative court 142
Asian/Pacific Islander	3	Case management (level 3) 135
Native American	1	Mental health 60
Other	13	Substance abuse (outpatient) 5
		Substance abuse (residential) 32
Program Specific Measures		Cumulative
Total number of clients who have enrolled in Program		142
Number of participants who appear before the Court Pilot Project that engage in case management for at least three months after their first appearance at Court		110 (77%)
Number who participate that have citations or warrants dismissed upon completion		102 (72%)
Number who receive an emergency shelter bed and remain for two weeks or longer		26 (45%)
Number who enter residential treatment complete a substance abuse program of 90 days or longer		20 (63%)
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program		80% reduction
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)		36 (97%)

Average length of stay in emergency housing: 14-160 days

*Latino is not categorized as a distinct race by Santa Monica Homeless Community Court

** Age range is categorized differently by Santa Monica Homeless Community Court.

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is its relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and social worker, provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming

21) Santa Monica Service Registry

A) Step Up on Second

Budget: \$ 518,000 (Board Approved – Third District)

Table C.17: Step Up on Second, Santa Monica Service Registry
FY 2008-09, through March 31, 2009

(unduplicated clients)	YTD	YTD
Chronic Homeless Individuals	11	Moving assistance 1
		Housing (transitional), avg. 30 day stay 5
Female	4	Housing (permanent) 4
Male	7	
		General Relief with Food Stamps 1
African American	2	Medi-Cal/Medicare 1
White	8	Case management 10
Other	1	Health care 1
		Life skills 5
25-49	5	Mental health care 6
50+	6	Social/community activity 1
		Transportation 5
Case management level 3		QTR
Average hours per case:		6
Total number of hours:		208
Caseload per case manager:		3
Number of participants who have enrolled (entered) into program during the reporting period.		2
Number of participants who left the program during this period.		0
Total number currently enrolled in program.		11
Number of clients who received an assessment (if applicable).		2
Cost per participant		-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter.		n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter.		n/a

Successes: Through the HOME Team's intensive case management efforts, five participants were successfully placed into permanent housing. Additionally, two participants were placed into transitional housing.

Challenges: The program has been unable to add individuals to the Santa Monica Service Registry, and this has kept the program from increasing its census to the maximum of 30.

Action Plan: The City of Santa Monica has begun accepting surveys on eligible individuals and will conduct assessments to add these individuals to the Service Registry. Once the City has accepted these individuals as qualifying, they will be added to the program.

Client Success Story: The program housed a female participant who had many barriers interfering with her progress. She was assisted in applying for the Santa Monica Shelter Plus Care subsidy and in locating an apartment in the community. She was able to move in and began improving her life skills, and she is working to increase her capability and maintain housing.

Challenges: Housing: The shortage of low-income housing in Santa Monica community is a challenge we are working to overcome in developing relationships with apartment owners and property management companies. The majority of clients have multiple obstacles such as poor credit histories and other special needs related to years of living on the streets with untreated mental illness and/or substance addiction. The use of motel vouchers has been critical in stabilizing clients and developing essential life skills needed to secure and maintain permanent housing. The length of time to secure a Section 8 voucher (averaging two months) has delayed the housing placement process. OPCC Safety Net is awaiting approval from the City of Santa Monica Housing Authority for a master lease arrangement between OPCC and local landlords, with a transfer of lease to eligible program participants.

Substance Abuse and Mental Illness issues: Many clients struggle with severe substance addiction and untreated mental illness. While in most cases staff have been able to work with each client to establish a higher quality of life, resistance to treatment and relapse is an ongoing factor impacting housing placement.

Action Plan: The addition of a psychiatrist and social worker with expertise in public health will increase staff capability to effectively engage individuals with untreated mental illness, substance addiction and other health issues. OPCC will move forward in planning and negotiations to secure a 50 unit assisted-living facility planned for SRO housing conversion. OPCC will continue to work with the Santa Monica Housing Authority to pursue master lease arrangements linked to the Section 8 program and advocate for a shorter timeframe for the Section 8 application approval process. Our housing coordinator will collaborate with other OPCC housing coordinators to develop innovative recruitment strategies with landlords to secure available housing stock.

OPCC received a donation of an electric golf cart and priority will be given to the OPCC Project Safety Net Team to transport clients to services.

Client Success Story: OPCC Project Safety Net's first permanent housing placement was with Client D, an 81 year old veteran and 'fixture' on the Santa Monica Promenade, living in Palisades Park for the last ten years. He was homeless since returning from Vietnam in 1975; most of that time spent in San Francisco, Hollywood and Santa Monica.

Life on the streets is difficult for even the most physically fit young male— but Client D suffered worse than most. In the late 1990's, he was set on fire by youths while sleeping on the street in West Los Angeles. However, this event and others like it never stopped this active and creative individual, who has survived as a street dweller for more than a quarter of a century.

OPCC Project Safety Net began engaging with Client D in late 2008 and was able to assist him in stabilizing his life initially with a motel room and intensive staff support. With the assistance of OPCC Project Safety Net, he obtained his own Section 8 apartment with furnishings and has started working with Chrysalis Enterprises to gain part time employment—in spite of his years. Client D has a renewed sense of self-worth and self-care with surprising energy. He now acts as his own money manager, paying bills on time and consistently finding ways to improve his quality of life.

23) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles County Housing Innovation Fund, LLC (LACHIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million

Table D.2: Pre-development Revolving Loan Fund		Quarter/FY
Number of applications received that are eligible for the RLF.		7
Number of projects with a complete environmental review within 90 days.		-
Number of projects with environmental clearance.		-
Average amount of time from receipt of application to loan approval.		-
Dollar (\$) amount of loans distributed by LLC.		-
Average length of time from loan close to loan maturity date.		-
Average length of time from anticipated construction start to end date.		-
Number of loans approved.		-
Number categorized as predevelopment.		-
Number categorized as land acquisition.		6
Number of loans by Supervisorial District.		
Supervisorial District 1		2
Supervisorial District 2		2
Supervisorial District 3		-
Supervisorial District 4		-
Supervisorial District 5		2
Number of special needs households to be served by each loan.		187
Number of low-income households to be served by each loan.		321
Number of proposed total and affordable housing units.		321
Number of housing units to be developed at 60% or below AMI.		508
Number of housing units to be developed at 35% or below AMI.		-
Number of reports collected on time from LLC.		2
Number/percent of lost loans (live to date).		-

On June 10, 2008 the Board of Supervisors approved and authorized the Commission's Executive Director to execute an Agreement with LACHIF for administration of a Revolving Loan Fund for developers of affordable housing to assist them with predevelopment and acquisition activities. The Agreement was executed by all parties on June 20, 2008. The Loan Agreement legally binds the Commission to fund the LACHIF with \$10,030,000 by June 30, 2008 and \$9,800,000 by June 30, 2009. The first installment of \$10,030,000 was wired by the Commission to LACHIF on June 27, 2008.

The original structure outlined in the Agreement included a Senior Participant Investor (Investor). The United Methodist Church Pension Fund was selected and agreed to provide \$32,100,000 to the fund. LACHIF members committed to providing \$8,100,000 to the fund. The collapse of the capital markets in 2008 negatively affected RLF operations. The Investor suspended its participation, and the RLF was suspended until a new investor could be obtained. Further, market conditions have made it very difficult to attract a new investor using the existing risk structure.

Many potential investors are now requiring additional insulation from losses because of the huge losses they have suffered. Despite this, LACHIF members have successfully identified new investors. However, to optimize the pool of possible investors the risk structure of the RLF will need to be changed. Whereas the original risk structure called for the County to take only a 33% loss on each loan, the new risk structure calls for the County to take a 33% loss on each loan and cover the investor funds up to the total County investment amount of \$19.8 million. To address the increased risk exposure to the County funds, Commission staff will now participate in the loan committee that will review each loan and have a voting right. Each loan will have to receive a unanimous vote in order to be funded. Additionally, to reduce risk the loan to value ratio used to underwrite each loan will be reduced from 125% to 100%.

V. CITY AND COMMUNITY PROGRAM (CCP)**Capital Projects**

Successes: The CDC is in constant contact with all of the Capital Developers regarding the projects. The CDC has set up internal tracking systems to monitor project progress. The timeline for execution is being determined based on the need of each grantee. It is customary for grants to be executed near the start of construction. Bell Shelter has executed the loan agreement and purchased the property for the project. All funds granted to the project have been expended.

Challenges: Challenges continue from the previous quarter. Coordination with other local, state and/or federal funding and construction industry changes has caused delays. Projects that were expecting state MHP funding are on hold because of the "freeze" caused by the State budget. The state has started to release some funding, but it is unknown at this time which HHPF projects will be affected.

Action Plan: Continuing from the previous quarter, the CDC is determining with each developer, whether or not to enter into the grant agreements soon or if it is best to wait until near the beginning of construction to avoid the necessity of several amendments. The CDC staff is providing technical assistance and will be conducting site visits to projects that are seeking funding for rehab of existing buildings.

Cumulative Expenditures to Date: \$922,227

Service Projects

Successes: To date, the CDC has executed all but one of the 15 service contracts that are ready to be implemented. The two contract amounts for City of Pomona were inadvertently reversed in the Board Letter dated April 22, 2008 and subsequent award letters dated May 2, 2008. We have executed the contract that reflected the lower amount authorized by the Board action. For the contract that is short of the needed amount for the project, we are in the process of filing a motion or a Board letter to approve an amendment to bring in the additional funds for the full amount needed by the project. We have worked extensively with our Risk Manager to facilitate the review and approval of insurance documentation for both the HHPF/CCP agencies and their subcontractors, while still meeting the County's mandated requirements. Our Risk Manager and County Counsel have revised the language in our contracts so that the responsibility to verify subcontractor compliance with insurance requirements will be with our contracted agencies instead of the CDC. We have also strengthened the indemnification provisions in our contracts. This change will streamline the approval of subcontracts in the future. Most agencies have begun the implementation of their programs and have recruited program staff and developed subcontract agreements with the identified collaborators. Most have also begun expending funds and have requested reimbursement of costs or plan to do so in the next month. To that end, the CDC has assisted a number of agencies in the submittal of payment requests and required documentation to support expenditures.

Challenges: A number of agencies had not used automated systems extensively and were challenged by the CDC's automated systems for digital contract execution and submittal of payment requests. We have provided extensive technical assistance in these areas and have successfully resolved all concerns. One service provider, United States Veterans Initiative, notified us that they would not be able to provide services to the Compton Vets Service Center after it is completed. The developer, Cloudbreak Compton, LLC has provided some preliminary alternative options in their search for another service provider. We anticipate their submittal of revised plans in the next quarter 2009 and will evaluate the proposal accordingly.

Action Plan: Our next challenge will be the implementation of the programmatic and financial monitoring of these projects. We have recruited for one additional staff to assist in this process. We are planning a second annual comprehensive training for all service agencies to address all areas of technical assistance concerning contract compliance.

Cumulative Expenditures to Date: \$539,121

Successes: During this reporting period, A Community of Friends is pleased to report that the HPI funding has led to a successful collaboration with the Housing Works Mobile Integrated Service Team (MIST team). Collaboration with the MIST Team continues to provide for case management services, allow for additional supportive services through Resident Management support systems, and provide for needed property maintenance. The MIST team and case management staff have met regularly to ensure a continued overlay of needed services for "at risk" tenants, played an integral role in preventing evictions for those residents in jeopardy of losing housing, and case management staff has been able to ensure that the majority of residents remain permanently housed in a safe and healthy environment.

Challenges: The greatest challenge continues to be the reporting tool itself. While it may be effective to use one tool to collect data across programs, this sometimes makes it difficult to capture data not specifically stated in the reporting tool. For example, spouses and adults often enter or leave mid quarter, affecting the demographic counts for gender, race, and age. Also, adults in families are often not counted as having received a service, as they are not the "head of household." Yet spouses and adult members of the household are often indirect beneficiaries of the services provided. Additionally, combining data from different collaborators and properties presents a tracking challenge. Challenges the tenants face include on-going struggles with substance abuse, correctly budgeting funds each month, managing medication, and improving life skills to a level which increases self sufficiency.

Action Plan: ACOF has worked with County staff to clarify the reporting process and make minor adjustments that will ensure the correct capture of data. Now that a baseline has been established, only data for those entering will be collected and HPI staff will merge that data. This will ensure that there are not duplicate counts or counts including newly added adults in families.

Case Management staff will continue to work with the MIST team to focus on those individuals most at risk of losing their housing. In addition, case management staff will work with Resident Managers on "best practices" to increase support when case management staff are unavailable on nights and weekends.

Client Success Story: Tenant V suffers from a chronic mental health disorder and cancer, and she was homeless for a total of nine months before finding permanent housing through A Community of Friends (ACOF) at Woodland Terrace Apartments. Tenant V struggled through the system to maintain custody of one child and regain custody of another while she resided at shelters and received services enabling her to obtain vouchers for motels while undergoing the application process for permanent housing. Tenant V availed herself of onsite case management services immediately upon moving into Woodland Terrace. The onsite case manager was able to assist Tenant V in maintaining stability and treatment of her mental health disorder, becoming familiar with the community, accessing community services, utilizing public transportation, obtaining and maintaining residential stability, and maintaining a stable environment for her children. Case management staff also assisted Tenant V in seeking treatment for her cancer and in obtaining much needed emotional support through both on site and off-site services.

As Tenant V became more stabilized, she began to display a great desire to assist other tenants who were struggling or were new to the building. Tenant V began to help parents watch their children and encouraged tenants to help each other with on-going childcare needs in addition to accessing community childcare. As Tenant V was able to learn money management skills she began to also help other tenants by demonstrating to them what she had learned. As transportation became an issue for some tenants, Tenant V was able to assist by showing them the neighborhood and in some cases giving them rides to enhance the community experience. During this past quarter, Tenant V was doing so well that she was asked to serve as Tenant President of On-Site Activities. In this role, Tenant V takes the input she has received from other tenants and meets with the on-site case management staff each week to provide much valued tenant input regarding on-site groups, children's activities, and community meeting needs. Tenant V also assists case management staff in putting together the Community Calendar each month so that activities meet current tenant needs. Tenant V is a wonderful success not just because she overcame many obstacles but because of her constant helpful and positive attitude to the tenants at Woodland Terrace Apartments.

25b) Ocean Park Community Center (OPCC) HEARTH

Budget: \$1,200,000 (City and Community Program)

Table D.2: OPCC HEARTH

FY 2008-09, through March 31, 2009

(unduplicated count)	YTD		YTD
Homeless Individuals	179	Education	-
Chronic Homeless	148	Job training, referrals	2
Transition Age Youth	16	Job placement	-
Female	105	General Relief w/Food Stamps	-
Male	238	Food Stamps	1
		Shelter Plus Care	4
		Section 8	6
Hispanic	50	SSI/SSDI	1
African American	98	Medi-Cal/Medicare	1
White	163		
Asian/Pacific Islander	9	Case management	68
Native American	2	Life skills	10
Other	21	Mental health	6
		Health care	343
		Social/community activity	32
15 and below	8	Recuperative care	33
16-24	16	Substance abuse (outpatient)	7
25-49	187	Transportation	38
50+	132	California identification	4
		Veterans	1
Moving assistance	5	Legal	1
Housing (emergency)	8	Locker	4
Housing (permanent)	10	Case management (level III)	
Housing (transitional)	5	Average hours per case:	52
		Total number of hours:	1,088
		Caseload:	22

	YTD
Number of organizations that your program has a formal collaboration for this project.	4
Number of times collaborative partners met each month.	4
Total amount (\$) of HPI funding leveraged for project.	\$386,770
Percent of HPI funding leveraged for project.	84%
Number of participants who have enrolled into program during the reporting period.	154
Number of participants who left the program during this period.	-
Total number currently enrolled in program.	343
Number of clients who received an assessment (if applicable).	37
Cost per participant.	\$116
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter.	n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter.	n/a
Program Specific Question:	
Number of participants who received benefits (as a result of the program).	9

Clients spent an average of 23 days in temporary housing; 2 participants were placed into permanent housing; 1 participant has stayed in permanent housing for six months.

Successes: OPCC Project HEARTH convened regular meetings with all project collaborators including: Venice Family Clinic (VFC) Medical Director, Operations Director, Physician, Grants' Manager, OPCC Samoshel and Access Center directors, managers and project staff. Meetings were held to ensure a seamless service delivery and to refine intake and referral procedures and protocols. In January, the respite beds were made available to St John's Hospital, and 26 beds were occupied by both referrals from the Venice Family clinic and St. John's Hospital. Project HEARTH conducted orientation with discharge planning staff from Santa Monica/UCLA Medical Center.

25c) Catalyst Foundation for AIDS Awareness and Care - Supportive Services Antelope Valley
 Budget: \$1,800,000 (City and Community Program)

Table D.3: Catalyst Foundation
 FY 2008-09, through March 31, 2009

(unduplicated clients)	YTD	YTD
At-risk Individuals	816	Moving assistance 3
At-risk Families	50	Eviction prevention 2
		Rental subsidy 1
Female	492	
Male	561	Education 383
Transgender	2	General Relief 51
		Medi-Cal/Medicare 3
Hispanic	302	Section 8 2
African American	349	Case management 28
White	334	Health care 622
Asian/Pacific Islander	13	Life skills 383
Native American	9	Mental health care 55
Other	30	Transportation 65
		Food 88
15 and under	1	Pet food/vet care 99
16-24	436	
25-49	241	
50+	112	
Longer-term outcomes (6 months)		
Continuing to live in housing		390
Receiving rental subsidy		1
Case management		20
Health care		192
Level 3 case management services		Quarter
Average for each participant per month:		5 hours
Total hours for all participants:		420 hours
Number of cases per case manager:		28 cases
Number of organizations/agencies that your program has a formal collaboration for this project.		33
Number of times collaborative partners met each month.		1
Total amount (\$) of HPI funding leveraged for project.		\$696,919
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged).		46%
Number of participants who have enrolled (entered) into program during the reporting period.		333
Number of participants who left the program during this period.		-
Total number currently enrolled in program.		1,141
Number of clients who received an assessment (if applicable).		28
Cost per participant.		\$863
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter.		n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter.		n/a

Successes: The Catalyst Foundation was able to provide services to disenfranchised communities that are at high risk for homelessness. Services provided allow our clients to continue to maintain independent living arrangements and continue to be self-sufficient. Clients mention that a major burden is relieved by the supportive services assistance provided; which allows them to focus on other aspects of their lives that require more attention. We are pleased to announce that the position of Director of Supportive Services was filed as of January 2009. A case manager was hired in the middle of February to continue providing case management services to our participants. This allowed our Supportive Services Coordinator to assist with the expansion of the food program. The Catalyst foundation has been able to provide a continuum of services under one roof. We have been able to implement the Adverse Childhood Experience (ACE) training for our staff during this quarter. Our outreach efforts have doubled, and we have been able to reach the post incarcerated clients who are obtaining services and actively working to integrate back into society.

Successes: The building opened on March 16, 2009 and is currently fully occupied.

Challenges: Clients are currently in the process of setting up service plans to determine service needs.

Client Success Story: A client moved into Vanowen Apartments just a few weeks ago. He had been homeless until he found another organization that gave him temporary housing. Now he is delighted to have a place to call a home for life. He is showing great independence by going into the community and getting the other services he needs to live a stable life. He is eager to increase his level of recovery and we are more than happy to support him in his efforts.

25e) Hope Gardens Family Center (Union Rescue Mission)

Budget: \$1,853,510

Table D.5: Hope Gardens FY 2008-09, January - March 2009 (unduplicated count)			
	Qtr		Qtr
Homeless Families (individuals)	37 111	Education Job training, referrals Job placement	72 17 2
Female	70	CalWORKs	37
Male	41	Food Stamps	37
		Medi-Cal/Medicare	37
		Section 8	5
Hispanic	19	SSI/SSDI	3
African American	54	Veterans	2
White	21		
Asian/Pacific Islander	3	Case management	37
Other	14	Life skills	18
		Mental health	37
		Health care	37
15 and below	72	Social/community activity	37
16-24	2	Substance abuse treatment (outpatient)	2
25-49	34	Transportation	35
50+	2		
Moving assistance	4	Case management (level II)	
Housing (emergency)	1	Average hours per case:	10
Housing (transitional)	37	Total number of hours:	370
Housing (permanent)	2	Caseload:	12
<i>Clients stayed an average of 707 days in temporary housing. Ten of these participants were placed into permanent housing</i>			

Successes: During the first quarter of reporting, the program has successfully transitioned four families (10 individuals) of the six transitioning families (18 individuals) into permanent housing. This 67% rate is consistent with our 62% transition rate for families who moved into permanent housing in 2008. The transitioning families were part of the total 37 families served (111 individuals) this quarter, of which 31 families (93 individuals) are still housed at Hope Gardens. The families transitioned into the following areas:

- Five individuals (2 family units) were housed with Section 8 housing.
- Five individuals (2 family units) permanently relocated with family and friends to permanent housing.
- Five individuals (1 family unit) transitioned back into transitional housing due to being immediately relocated because of medical reasons. (Severe asthma)
- Three (individuals 1 family unit) transitioned into emergency shelter.

25f) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
Budget: \$900,000

Table D.6: Self Sufficiency Project for Homeless Adults and TAY Antelope Valley			
FY 2008-09, January - March 2009			
(unduplicated count)	Qtr		Qtr
Homeless Individuals	5	Case management	16
Chronic Homeless Individuals	11	Mental health	16
		Health care	16
Female		Social/community activity	16
Male	10	Substance abuse treatment (residential)	1
	6	Transportation	16
Hispanic	3		
African American	7	Case management (level 3)	
White	6	Average hours per case:	5
		Total number of hours:	80
16-24	1	Caseload:	30
25-49	9		
50+	6	Eviction prevention	1
		Housing (emergency)	1
		<i>One participant stayed in emergency housing for a day, and then the participant was placed into permanent housing.</i>	
			Qtr
Number of organizations/agencies that your program has a formal collaboration for this project.			-
Number of times collaborative partners met each month.			-
Total amount (\$) of HPI funding leveraged for project.			\$131,116
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged).			15%
Number of participants who have enrolled (entered) into program during the reporting period.			16
Number of participants who left the program during this period.			0
Total number currently enrolled in program.			16
Number of clients who received an assessment (if applicable).			16
Cost per participant.			\$1,256
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter.			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter.			n/a

Successes: The program has been able to meet members' basic needs, such as providing a safe place to shower, do laundry, and receive counseling, psychiatric treatment and basic medical attention. Case management and move-in assistance has allowed participants to get off the street.

Challenges: It has been a challenge to locate affordable housing, because many participants are on a limited source of income.

Action Plan: The program will continue to research and locate more affordable housing as well as build community relationships.

Client Success Story: We have a member that our outreach team was able to get off the street and into mental health treatment at a residential substance abuse treatment center. This program has made a significant improvement in his life.

conditions. One woman in particular has diabetes and had been living on the streets for 12 years. She became ill recently. Instead of being taken to the emergency room by paramedics and then treated and released back to the streets, the funding from HHPF made it possible for her to go downstairs to the medical offices. At the medical office, she was seen by a medical provider and treated for severe dehydration. Afterwards, she was sent back to her own home one floor up to recover. This has made a huge difference for her and for the community.

25h) Southern California Alcohol and Drug Programs (SCADP), Inc. - Homeless Co-Occurring Disorders Program

Budget: \$1,679,472 (City and Community Program)

Table D.7: SCADP

FY 2008-09, through March 31, 2009

(unduplicated clients)	YTD		Quarter
Homeless Individuals	84	Housing (transitional)	3
Homeless Families	6		
(individuals)	13	Mental health care	75
Transition age youth	5	Substance abuse treatment (residential)	75
At-risk Individuals	29		
Female	18		
Male	106		
Hispanic	73	Average length of stay for residents	70
African American	36	Residents discharged due to graduation	40
White	24	Discharge status for residents of transfer	5
Native American	3	Discharge status for residents of walk-out	15
		Discharge status for residents, violated rules	10
15 and under	7		
16-24	15		
25-49	96		
50+	9		
<hr/>			
Number of participants who have enrolled (entered) into program during the reporting period.			60
Number of participants who left the program during this period.			75
Total number currently enrolled in program.			40
Number of clients who received an assessment (if applicable).			50
Cost per participant			\$1,000
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter.			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter.			-

Successes: We are progressing in our service implementation. In the upcoming months, we hope to expand our services to the needed level for this clientele.

Challenges: At this point, the non-service provision requirements of the grant still need improvement in order for services to be efficiently provided.

Action Plan: The project director will have more time to spend on this project as another project nears completion. The additional time is expected to have a positive impact on this project.

Client Success Story: At this point, none have remained in one of the residential programs where the services are offered for a six month period. Four of the participants that enrolled in November are attending college and working.

Successes: During this reporting period, the Strengthening Family Case Managers assisted a total of 81 families in finding and obtaining affordable, temporary and transitional housing. Also, they assisted families in finding employment by taking them to career fairs, assisting with their resumes, and building other job readiness skills.

Challenges: Some challenges that case managers encountered during this reporting period included the lack of affordable housing for low income families, families, and members who have disabilities. Additionally, many families did not qualify for conventional housing programs due to their income or family size (specifically number of children).

Action Plan: The program plans to continue providing effective case management for families and seek community collaborative in order to assist families effectively. Additionally establish and implement workshops that assist families with housing, employment, finance and other needed services.

Client Success Story: Through effective, compassionate and culturally sensitive case management, the case workers have been able to assist families in finding affordable housing by collaborating with other community agencies. By sharing resources, the program has been able to take participants to career fairs, strengthen their job readiness skills, and prevent evictions by providing rental subsidies and other needed services.

VI. COUNCIL OF GOVERNMENTS (COGs)

26a) San Gabriel Valley Council of Governments

Budget: \$200,000 (On-going)

In April 2009, a study team consisting of the Corporation for Supportive Housing, Shelter Partnership, Inc., Urban Initiatives, and McDermott Consulting, presented the San Gabriel Valley Regional Homeless Services Strategy Final Report to the San Gabriel Valley Council of Governments (SGVCOG). The final report included a summary of priorities presented by sub-regional cluster group and the following key issues were identified.

- First Priority: Permanent Supportive Housing
- Second Priority: Short-Term Housing (Emergency Shelter & Transitional Housing)
- Third Priority: Access Center

Implementation Strategy and Recommendations

A summary of five-year housing and service targets was presented by cluster group. Overall for the region, three strategic objectives, related recommendations, and a timeline were presented.

Strategic Objective I: Develop Leadership, Political Will, and Community Support

- Recommendation 1: Create a Valley-wide Membership Based Organization for the Primary Purpose of Education, Advocacy, and Coordination
- Recommendation 2: Meet and Confer with Municipal Leaders, Community Groups, Business Leaders, Faith-based and Community Service Providers within the San Gabriel Valley

Strategic Objective II: Build Provider Capacity and Expand the Service Delivery System

- Recommendation 1: Engage Community and Faith-based Service Providers in Planning, Training and Overall Capacity Building
- Recommendation 2: Create More Housing Opportunities for Homeless Persons in the San Gabriel Valley
 - ✓ 588 units of permanent supportive housing over the next five years
 - ✓ 150 emergency shelter beds and 300 transitional housing beds for single individuals over the next five years
 - ✓ Scattered-site housing programs to serve 100 families annually
- Recommendation 3: Create an Access Center in Cluster Five (Claremont, Diamond Bar, Glendora, La Verne, Pomona, and San Dimas)
- Recommendation 4: Develop Valley-wide Referral and Information Sharing System

Strategic Objective III: Leverage and Maximize Utilization of Available Financial Resources

- Recommendation 1: Form a San Gabriel Valley Supportive Housing Pipeline Review Committee
- Recommendation 2: Commit Local Investments from Municipalities Across Multiple Jurisdictions within the San Gabriel Valley to Stimulate Housing Production
- Recommendation 3: Utilize New Funding Opportunities to Expand Short-term Housing and Rapid Re-housing Programs

26b) PATH Partners/Gateway Cities Homeless Strategy

Budget: \$135,000 (On-going)

PATH Partners presented the Gateway Cities Homeless Strategy to the Gateway Cities Council of Governments (GCCOG). The first three categories (LEAD, ENGAGE and COLLABORATE) provide recommended actions that will build the leadership and infrastructure required to plan, develop and successfully start up the proposed programs and services presented in the IMPLEMENTATION category of the strategy.

The LEAD phase includes identification of a current or new regional leadership entity as well as designating a "Homeless Liaison" for each city. The ENGAGE phase involves formation of a stakeholder

27) Los Angeles Homeless Services Authority (LAHSA) Contracted Programs

Goal: Emergency shelter and transitional housing are provided to families and individuals.

Budget: \$1,735,000 (One-Time Funding)

Of these nine programs, seven program will have ended as of March 15, 2009; and two programs will end on June 30, 2011.

Table E.2: LAHSA Participants and Services

(unduplicated clients)	FY 2007-08	FY 2008-09	Total		FY 2007-08	FY 2008-09	Total
Homeless Families	483	246	729	Adult**	6,064	1,512	7,576
Homeless Individuals	3,162	890	4,052	Child	1,029	375	1,404
Chronic Homeless	2,206	336	2,542				
Female	1,938	434	2,372	Emergency housing	5,869	1,435	7,304
Male	3,931	987	4,918	Transitional housing	-	63	63
Hispanic*	1,385	596	1,981				
African American	2,838	563	3,401				
White	2,004	1,075	3,079				
Asian/Pacific Islander	151	76	227				
Native American	168	110	278				
Other	1,598	48	1,646				

*LAHSA uses the federal definition of Hispanic origin (which for the Feds includes all Spanish speaking nations in the Americas and Spain). There are two options: Hispanic or Non-Hispanic.

**The U. S. Department of Housing and Urban Development (HUD) defines an adult as a person 18 years of age or older. LAHSA uses the HUD definition of adult in its data collection process.

28) PATH Achieve Glendale

Budget: \$150,000 (One-Time Funding)

**Table E.3: PATH Achieve Glendale
FY 2008-09, January – March 2009**

(unduplicated clients)	YTD		YTD
Homeless Individuals	253	15 and below	148
Chronic Homeless	79	16-24	89
Homeless Families	213	25-49	379
(Individuals)	434	50+	150
Female	418	Housing (emergency)	86
Male	348	Housing (transitional)	29
		Housing (permanent)	32
Hispanic	206		
African American	332	Case management	545
White	212		
Asian/Pacific Islander	9		
Native American	7		

* Transitional and permanent housing placement was estimated based on the ratio of transitional to permanent housing placements indicated in HMIS reports. The total number of placements (61 residents) was verified by an Emergency Housing Program report.



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

October 27, 2009

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First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

According to the Los Angeles Homeless Services Authority (LAHSA), Los Angeles County has the highest concentration of homelessness in the nation (74,000 people). Various social and economic factors, as well as gaps in available housing and social services have contributed to the crisis. In response to this crisis, on April 4, 2006, the Los Angeles County Board of Supervisors made an investment toward addressing and preventing homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The Chief Executive Office continues to implement specific key HPI programs in partnership with County Departments of Children and Family Services, Health Services, Mental Health, Probation, Public Defender, Public Health, Public Social Services and the Sheriff along with other agencies including the County's Community Development Commission, LAHSA, and various cities. Through June 2009, the HPI has been tremendously successful in implementing 28 programs and serving nearly 29,000 individuals and over 13,000 families (some programs may serve the same participants). The initiative focuses on reaching the following two goals through the six strategies shown below:

Goal 1 – Preventing Homelessness

- Housing assistance
- Transitional supportive services

Goal 2 – Reducing Homelessness

- Community capacity building
- Regional planning
- Supportive services integration linked to housing
- Innovative program design

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only*

Each Supervisor
October 27, 2009
Page 2

Three attachments are included with this memo:

1. Executive Summary of Fiscal Year (FY) 2008-09, Fourth Quarter;
2. HPI Status Report (Attachment A): The FY 2008-09 Fourth Quarter HPI status report includes information on program participants, services provided, and associated outcomes; and
3. Index of Programs (Attachment B): The table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included with a description of successes, challenges, an action plan, and a client success story.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts. If you have any questions, please contact me, or your staff may contact Vani Dandillaya at (213) 974-4190 or via e-mail at vdandillaya@ceo.lacounty.gov.

WTF:JW:KH
VKD:hn

Attachments (3)

- c: Sheriff's Department
- Department of Children and Family Services
- Department of Community Development Commission
- Department of Health Services
- Department of Mental Health
- Probation Department
- Department of Public Defender
- Department of Public Health
- Department of Public Social Services
- City of Santa Monica
- Los Angeles Homeless Services Authority
- Public Counsel
- Skid Row Housing Trust



Los Angeles County HOMELESS PREVENTION INITIATIVE (HPI)

FY 2008-09, APRIL – JUNE, FOURTH QUARTER EXECUTIVE SUMMARY



Left and Bottom Right:
Families permanently
housed by Beyond
Shelter. – Courtesy
Beyond Shelter



PARTNERING TO ALIGN HOUSING AND SUPPORTIVE SERVICES

To date, the HPI programs modeled after *Housing First* suggest significant cost savings and over 90 percent of individuals and families maintain permanent housing at six or more months. Programs that integrate services with housing show promising results. Through case management, such programs as the Skid Row Families Demonstration Project link participants to various community resources, including: schools, job training, money management, and counseling. By providing support to families placed into permanent rental housing, case managers assist families to stabilize in their new homes.

With the State budget shortfall impacting many programs, including domestic violence shelters, CalWORKs funding, and emergency hotline assistance, the County's Special Needs Housing Alliance is working to strengthen the regional network of housing developers and service providers so that resources are more effectively leveraged through partnerships. The County's Housing Alliance is made up of County departments, many cities, and non-profit organizations. For instance, the County and Cities of Los Angeles, West Hollywood, Pasadena, and Santa Monica participate in a dialogue to support projects that focus on collaboration between housing developers and service providers. The goal of the Alliance is to increase the number of housing units with supportive services for individuals and families.

Recently, the County has developed several projects that focus on strengthening alliances among partner agencies. Examples of strengthening partnerships include: 1) the County's Homelessness Prevention and Rapid Re-Housing Program, funded by the American Recovery and Reinvestment Act; 2) the Department of Mental Health's partnerships with housing developers funded by the Mental Health Services Act housing programs; and 3) with the forthcoming General Relief (GR) restructuring, the expansion of the HPI GR Housing Subsidy and Case Management project to connect clients to SSI and move homeless GR participants into stable housing.

The HPI has served nearly 29,000 individuals and over 13,000 families. For each strategy, specific outcomes and a combined total of actual expenditures are listed. For both the Housing Assistance and Supportive Services Integration and Linkages to Housing strategies, cumulative results are shown.

GOAL 1: PREVENTING HOMELESSNESS

HOUSING ASSISTANCE

Eviction Prevention	\$9,763,711
Moving Assistance	
Rental Subsidy	

Through housing assistance, individuals, youth, and families maintain permanent housing.

- **4,203 individuals and 9,934 families received housing assistance, which prevented homelessness.**

Note: A participant who received more than one type of housing assistance was counted once.

DISCHARGE PLANNING

Access to Housing for Health Homeless Release Projects	\$7,324,964
Just In-Reach Program	
Recuperative Care	

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

- **3,288 clients received public benefits.**
- **97 clients placed into permanent housing.**
- **93% decrease in inpatient days and 83% decrease in ER visits a year post enrollment.**

GOAL 2: REDUCING HOMELESSNESS

COMMUNITY CAPACITY BUILDING

City and Community Program (CCP)	\$3,475,422
Revolving Loan Fund	

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

- **2,469 individuals and 326 families received 6,124 linkages to supportive services and 413 housing placements.**

REGIONAL PLANNING

Council of Governments	\$3,250,000
Long Beach Homeless Veterans	

Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

- **Gateway and San Gabriel Valley Council of Governments (COGs) presented regional plans to include 1,253 units of permanent housing.**

SUPPORTIVE SERVICES INTEGRATION AND LINKAGES TO HOUSING

Case Management	\$11,083,464
Housing Locators	
Multi-disciplinary Team/Access Center	

Provide clients with integrated supportive services and housing. Supportive services include case management, health care, mental health services, and substance abuse treatment.

- **11,164 individuals and 5,140 families placed into emergency, transitional, and permanent supportive housing.**
- **18,723 linkages to integrated supportive services enhanced participants' well-being.**
- **7,789 individuals and families achieved greater self-sufficiency through public benefits, income support, and connections to employment opportunities.**

INNOVATIVE PROGRAM DESIGN

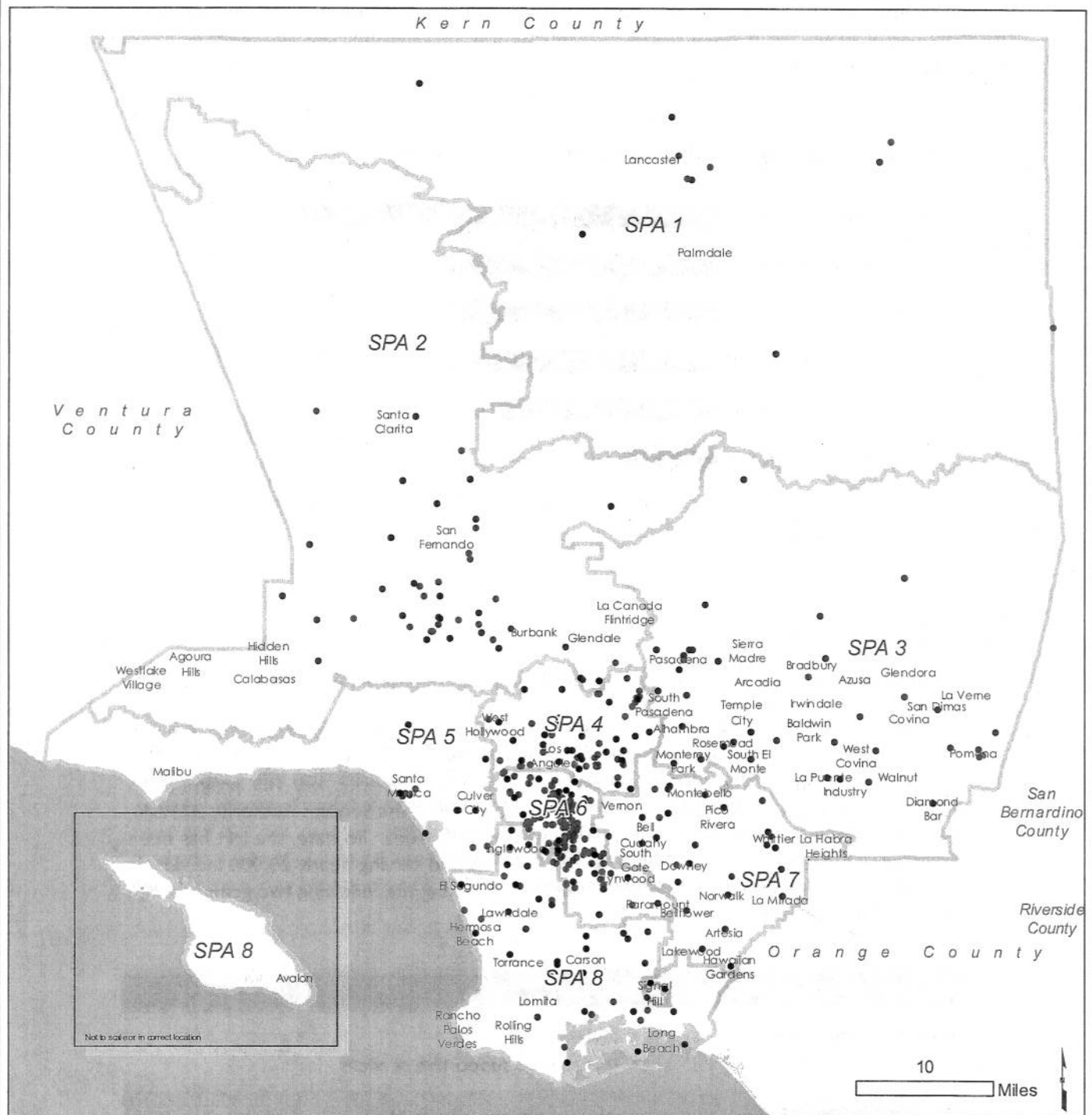
Project 50	\$17,044,622
Skid Row Families Demonstration Project	
Homeless Court	
Housing Resource Center	
Santa Monica Service Registry	

Provide access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

- **53 chronic homeless individuals placed into permanent supportive housing.**
- **241 Skid Row families placed into permanent rental housing.**
- **Citations and warrants dismissed for 1,240 individuals.**
- **Over 3.2 million housing searches conducted.**

County of Los Angeles Regional Homeless Prevention Initiative

Housing Placement and Service Locations by Service Planning Area (SPA)



Strategy

- 1 - Housing Assistance
- 2 - Transitional Supportive Services
- 3 - Community Capacity Building
- 4 - Regional Planning
- 5 - Supportive Services Integration and Linkages to Housing
- 6 - Innovative Program Design

Notes:

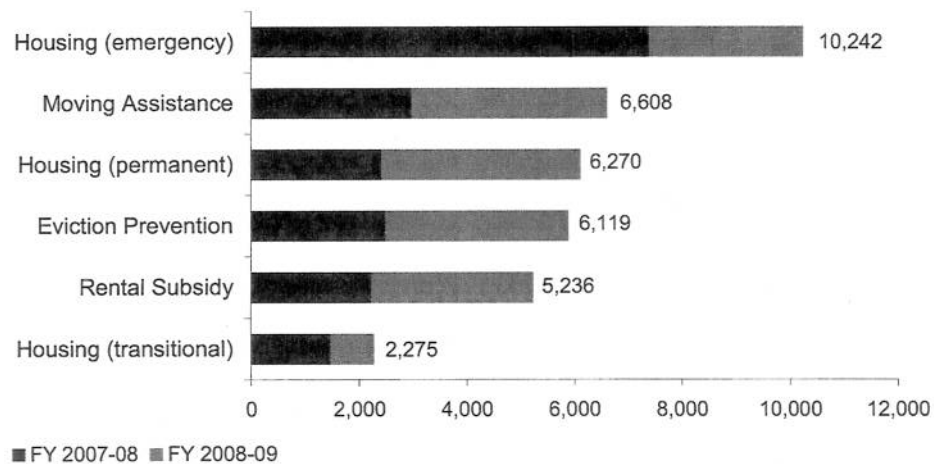
i) The following HPI programs are offered Countywide:
 General Relief Housing Subsidy and Case Management Project
 Los Angeles County Homeless Court
 Los Angeles County Housing Resource Center
 Moving Assistance for Single Adults in Emergency/Transitional Shelter
 or Similar Temporary Group Living Program
 Project Homeless Connect

ii) Strategy 4 - Regional Planning includes San Gabriel Valley Council of Government Plan and Gateway Cities Homeless Strategy.

iii) Rental subsidies were provided to transition age youth who moved to cities in other counties, including: San Bernardino, Riverside, Kern, Orange, San Diego, Ventura, and Santa Barbara.

It is the County's goal to work with community partners to further reduce and prevent homelessness. The chart below shows the number of HPI participants who received housing and financial assistance through June 2009.

HPI Participants Receiving Housing/Housing Assistance



Information about the County of Los Angeles Homeless Prevention Initiative

The Los Angeles County Board of Supervisors invested resources to address and prevent homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The Chief Executive Office (CEO) continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), Community Development Commission (CDC), and various cities. To date, the HPI has been tremendously successful in implementing 28 programs and serving nearly 29,000 individuals and over 13,000 families. The initiative focuses on reaching the following two goals through six strategies shown below:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none"> • Housing assistance • Transitional supportive services
Reducing Homelessness	<ul style="list-style-type: none"> • Community capacity building • Regional planning • Supportive services integration and linkages to housing • Innovative program design

For additional information, please contact Vani Dandillaya at vdandillaya@ceo.lacounty.gov.



Homeless Prevention Initiative (HPI)
FY 2008-09, Fourth Quarter Status Report

TABLE OF CONTENTS

Following the **Executive Summary** of this report are two attachments.

Attachment A: Overview of HPI Status

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Goal 1: Preventing Homelessness	6
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Strategy 2: Discharge Planning (Transitional Supports)	
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Strategy 5: Supportive services integration and linkages to housing	
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Attachment B: Index of HPI Programs by Population (*Table on page 1*)

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HOMELESS PREVENTION INITIATIVE (HPI) STATUS REPORT FY 2008-09, Fourth Quarter

I. INTRODUCTION

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of 28 programs included in the Los Angeles County Homeless Prevention Initiative (HPI) during April-June of FY 2008-09. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies, departments, and several partner organizations meet frequently to ensure consistent communication and integration of services and facilitate successful implementation of HPI programs serving the County's homeless population.

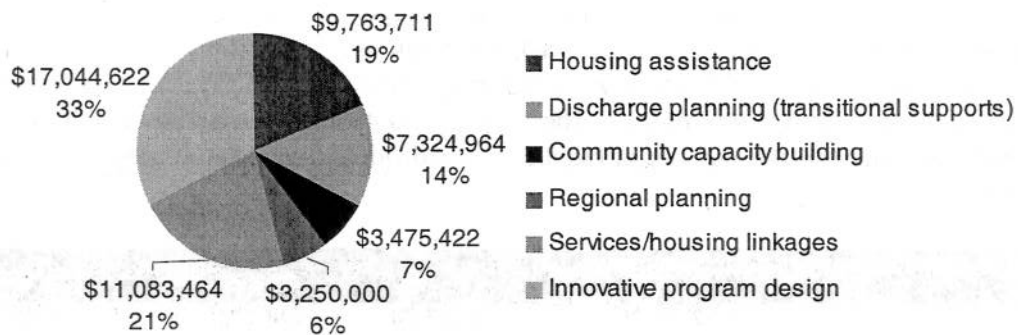
HPI funding has allowed for greater access to housing and supportive services for the homeless and at-risk population. This HPI status update highlights results achieved through program strategies that have served nearly 29,000 individuals and over 13,000 families.¹ This report features components of the HPI, associated outcomes, and opportunities to further enhance and integrate the network of providers.

Goals and Strategies

As mentioned in the Executive Summary, the CEO continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), CDC, and various cities. The initiative focuses on meeting the following two goals through six strategies shown:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none">• Housing assistance• Discharge planning (transitional supports)
Reducing Homelessness	<ul style="list-style-type: none">• Community capacity building• Regional planning• Supportive services integration and linkages to housing• Innovative program design

¹ Currently, a standardized data system is not in place to determine if any client is shared across programs, therefore, the total number of participants may include a duplicate count.

Chart 1: Actual Expenditures**Total: \$51,942,183***

*Actual expenditures are approximately \$54.9 million. Additional expenditures include: 1) Board approved operational support at \$1.9 million (FY 2006-07); and 2) operational support, administrative, and evaluation costs at approximately \$1.2 million. *From upper right (clockwise) beginning with Housing Assistance.*

Actual Expenditures by Strategy

In this report, total expenditures include FYs 2006-07, 2007-08, and 2008-09 actual expenditures. The total expenditures for the HPI programs in this report are \$54.9 million. Chart I shows that 33 percent of all expenditures have been spent on the initiative's first goal to prevent homelessness. Sixty-seven percent of all expenditures have been spent on the HPI's second goal to reduce homelessness. In addition, Chart I shows the amount expended by each strategy. For the community capacity building strategy, capital projects for housing development have been delayed due to the economic conditions, therefore, the actual expenditures are significantly less than previously estimated for FY 2008-09. Through FY 2008-09, the greatest percentage (one-third) of actual expenditures was spent on innovative programs, including *Housing First* models for chronically homeless participants.

Partnering to Align Housing and Supportive Services

With the State budget shortfall impacting many programs, including domestic violence shelters, CalWORKS funding, and emergency hotline assistance, the County's Special Needs Housing Alliance is working to strengthen the regional network of housing developers and service providers so that resources are more effectively leveraged through partnerships. The County's Housing Alliance is made up of various Cities, County departments, and non-profit organizations. For instance, the County and Cities of Los Angeles, West Hollywood, Pasadena, and Santa Monica participate in a dialogue to support projects that focus on collaboration between housing developers and service providers. The goal of the Alliance is to increase the number of housing units with supportive services for individuals and families.

Recently, the County has developed several projects that focus on strengthening alliances among partner agencies. Examples of strengthening partnerships include: 1) the County's Homelessness Prevention and Rapid Re-Housing Program, funded by the American Recovery and Reinvestment Act; 2) through the Mental Health Services Act housing programs, the Department of Mental Health's partnerships with housing developers; and 3) with the forthcoming General Relief restructuring, the expansion of the HPI GR Housing Subsidy and Case Management project to move homeless GR participants into stable housing.

II. PARTICIPANTS

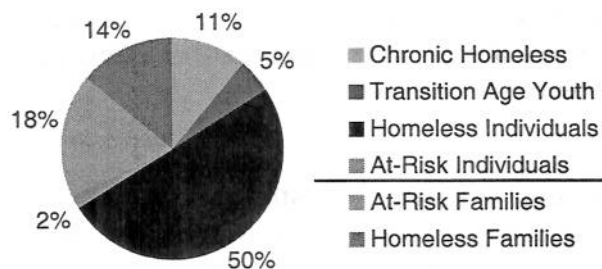
During the fourth quarter of FY 2008-09, 24 of 27 implemented HPI programs² directly served the County's homeless and nearly homeless. While several programs served more than one population, participants in 19 programs corresponded to one of five categories: homeless individuals (seven programs), chronic homeless individuals (four programs), transition age youth (two programs), homeless families (three programs), and at-risk families (two programs). Attachment B provides an overview of programs. To date, Table 1 shows HPI improved the lives of 28,848 individuals and 13,379 families.³ From the third to fourth quarter, the number of families and individuals served increased by 11 and 15 percent, respectively.

Table 1: Number of Contacts by Participant Category
FY 2008-09

	FY 2008-09*	FY 2007-08	Cumulative	Fourth Qtr. Increase
Homeless Individuals	8,722	12,206	20,928	16%
Chronic Homeless Individuals	2,181	2,443	4,624	20%
Transition Age Youth	1,100	1,122	2,313	10%
At-Risk Individuals	983	-	983	-
Total for Individuals	12,986	15,771	28,848	15%
Homeless Families	1,860	3,950	5,810	1%
At-Risk Homeless Families	5,082	2,487	7,569	20%
Total for Families	6,942	6,437	13,379	11%
Total	19,928	22,208	42,227	13%

*FY 2008-09: Returning participants from FY 2007-08 have been subtracted for an unduplicated count.

Chart 2: Percent by Participant Category



From upper right (clockwise) beginning with Chronic Homeless.

Chart 2 illustrates that of HPI participants, 68 percent were individuals and 32 percent were families. According to LAHSA, 24 percent of the total homeless population lives in families,⁴ and homeless families made up 14 percent of all HPI participants. Of all individuals, 50 percent were homeless adults, and five percent were transition age youth. Approximately one-third of the homeless in the County are chronically homeless,⁵ while these individuals made up 11 percent of all participants.

² While Housing Locator and Housing Specialists programs are included, these programs are funded by CalWORKs Single Allocation and DMH Mental Health Services Act (MHSA), respectively. City and Community Program includes 21 separate programs.

³ Note most programs provided an unduplicated participant number; however, four programs included a duplicated participant count during FY 2007-08. Housing Locators/Housing Specialists are included in total participant count.

⁴ LAHSA 2007 Greater Los Angeles Homeless Count.

⁵ Ibid.

Participant Characteristics

During the fourth quarter of FY 2008-09, all 24 programs provided demographic information for program participants. Demographic information included gender, age, and race/ethnicity of participants. To obtain data on HPI participants, demographic information from new participants served during this past quarter was included. Gender information from LAHSA contracted programs was added from FYs 2007-08 and 2008-09. Due to different categorization for race/ethnicity and age, these statistics for LAHSA contracted programs are shown separately in Attachment B.

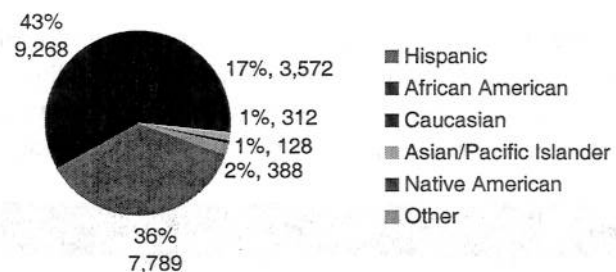
Gender

Approximately 59 percent of the homeless population in Los Angeles County consists of adult men.⁶ Of the 28,618 participants whose gender was provided, 55 percent (15,675) were male and 45 percent (12,918) were female.

Race/Ethnicity

The total homeless population in Los Angeles County is about 55 percent African American and 19 percent Caucasian. Chart 3 shows 43 percent of HPI participants were African American and 17 percent Caucasian. Representing the total homeless population, 36 percent of participants were Hispanic. The remaining four percent of participants included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

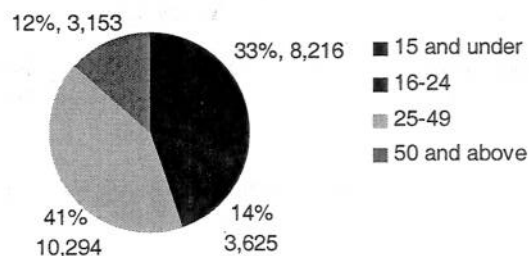
Chart 3: Race of HPI Participants (n=21,457)



Age

Compared to an average age of 45 years for homeless individuals in the County, 41 percent were between 25-49 years of age. Chart 4 shows that of HPI participants whose age was provided, 33 percent were children less than 15 years of age, 14 percent of participants were between the ages of 16-24, and 12 percent were 50 years of age and older.

Chart 4: Age of HPI Participants (n=25,288)



⁶ LAHSA 2007 Greater Los Angeles Homeless Count.

III. GOALS, STRATEGIES, AND OUTCOMES

Goal I: Preventing Homelessness

Strategy ① Housing Assistance

\$9,763,711

Through housing assistance, individuals, youth, and families maintain permanent housing.

Eviction Prevention • Moving Assistance • Rental Subsidy

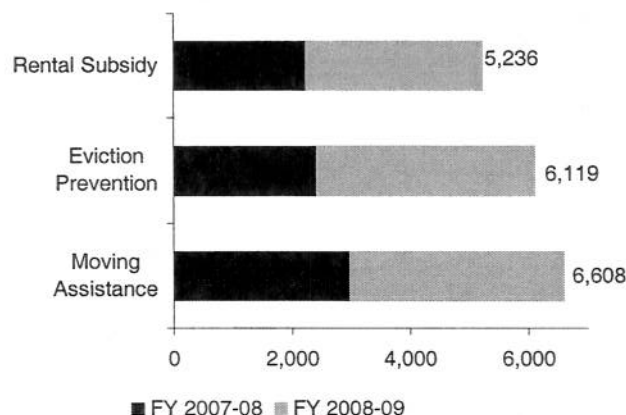
HPI programs provided housing assistance through moving assistance, eviction prevention, and rental subsidies; five programs focused on these services. **Through June 2009, a total of 14,137 participants received housing assistance to secure permanent housing and prevent homelessness.** Table 2 shows 70 percent of participants who obtained housing assistance were families, 23 percent were individuals, and seven percent were transition age youth. Table 2 illustrates that a greater proportion of individuals and transition age youth received rental subsidies, whereas significantly more families received eviction prevention. A participant who received more than one type of housing assistance was counted once. Chart 5 shows the number of participants who received housing assistance through June 2009.

Implemented on October 1, 2009, the County's HPRP invests into housing assistance to prevent homelessness for families and individuals, including seniors and veterans. The Departments of Public Social Services, Children and Family Services, and Community and Senior Services provide financial assistance for eviction prevention, moving assistance, and rental subsidies.

Table 2: Through June 2009		Housing Assistance	Moving Assistance	Rental Subsidy	Eviction Prevention
Individuals	3,190	23%	2,456	4,032	33
Transition Age Youth	1,013	7%	568	925	1
Families	9,934	70%	3,577	257	6,066
Total participants	14,137	100%	6,601	5,214	6,100
Expenditures		\$9,763,711	\$5,467,886	\$688,274	\$3,607,551

The following participants were not included in Table 2: seven participants who received moving assistance, 19 who received eviction prevention, and 22 who received rental subsidies.

Chart 5: HPI Participants Receiving Housing Assistance



Strategy ② Discharge Planning (Transitional Supports)**\$7,324,964**

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

Access to Housing for Health (AHH) • Recuperative Care • Homeless Release Projects (DPSS-DHS and DPSS-Sheriff) • Just In-Reach Program (JIR)

Discharge Planning for Hospital Patients

The Access to Housing for Health (AHH), Recuperative Care, and DPSS-DHS Homeless Release programs provided discharge planning for hospital patients at-risk of becoming homeless. A discharge plan connected these patients to needed services that helped them attain stable housing and a better quality of life. Both the AHH and Recuperative Care programs have shown improvements in health outcomes, such as reductions in Emergency Room (ER) visits and inpatient hospitalizations. In addition, these reductions lead to cost savings for the County.

Outcomes

- **Improved Health:** Since March 2007, 45 AHH clients reached their one-year mark. They had a combined total of 197 ER visits during the 12 months prior to enrollment. Post enrollment, the clients only had a combined total of 34 ER visits for an 83% reduction. The 41 AHH clients were hospitalized for a combined total of 394 days prior to AHH enrollment. These same clients only had 28 inpatient days post AHH enrollment. The number of inpatient days was reduced by 93%.
- **Cost Avoidance:** A six month pre/post analysis for Recuperative Care patients reported a 33% reduction in ER visits and a 67% reduction in inpatient hospitalizations.
- **Linkages to Public Benefits:** The AHH, Recuperative Care, and DHS-DPSS Homeless Release projects made 525 connections to public benefits for individuals, including: SSI/SSDI, Medi-Cal, and General Relief.
- **Housing Stability:** AHH placed 62 individuals into permanent housing. All 47 individuals who have been placed into permanent housing for six or more months have remained in housing.

Discharge Planning for Individuals Released from Jails

The Just In-Reach (JIR) and DPSS-Sheriff Homeless Release projects connected individuals to services and benefits prior to release from jail to help support steps towards building a better future, including stable housing and employment.

Outcomes

- **Linkages to Public Benefits:** The JIR and DPSS-Sheriff Homeless Release projects have served 5,086 individuals and made 2,763 connections to public benefits, including: General Relief, Food Stamps, SSI/SSDI, and Veteran's benefits.
- **Housing Placement:** Housing locators have assisted 292 individuals with housing placement. The majority of housing has been emergency and transitional housing. Through the JIR program, 170 clients identified as homeless or chronically homeless have been released to housing, transitional living or a residential program. These are clients that if not for this program, would have otherwise ended up homeless on the streets.
- **Transition to Communities:** By offering case management to all JIR clients and focusing on education/job opportunities, 276 individuals received job related/education services. The recidivism rate of JIR participants has been 34% this past year, which is half that of the general County Jail system population (70%).

Goal 2: Reducing Homelessness**Strategy ③ Community Capacity Building****\$3,475,422**

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

City and Community Program (CCP) • Revolving Loan Fund

City and Community Program (CCP)

- To date, 14 programs served 2,469 individuals and 326 families. They made **6,124 linkages to supportive services and 413 housing placements**. Fourteen of 15 service contracts were executed.
- The State's current inability to fund previously committed loans has brought a number of developments that include HPI, City of Industry or other CDC funding to a virtual standstill. Challenges continue from the previous quarter. Coordination with other local, state and/or federal funding and construction industry changes has caused delays. Projects that were expecting State Multifamily Housing Program (MHP) funding are on hold because of the "freeze" caused by the State budget. The state has started to release some funding, but it is unknown at this time which Homeless and Housing Program Fund (HHPF) projects will be affected.

Revolving Loan Fund (RLF)

- The collapse of the capital markets in 2008 negatively affected RLF operations. The Investor suspended its participation, and the search for a new investor began. Further, market conditions have made it very difficult to attract a new investor using the existing risk structure. Many potential investors are now requiring additional insulation from losses. Despite this, Los Angeles County Housing Innovation Fund, LLC (LACHIF) members have successfully identified new investors. CDC met with each Board office to discuss necessary changes to the RLF. CDC filed a Board letter requesting authorization to amend the existing loan agreement between CDC and LACHIF, LLC, which was adopted on July 28, 2009.

Strategy ④ Regional Planning**\$3,250,000**

Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

Gateway Cities Council of Government (COG) • San Gabriel Valley COG • Long Beach Homeless Veterans

- The San Gabriel Valley Council's of Government (COG) and the Gateway Cities COG are in the process of beginning phase II of their respective initiatives. Phase II will consist of overseeing the implementation of each plan. The efforts will serve to create affordable permanent housing, interim housing, homeless services, and capacity building. The County's Chief Executive Office is creating funding agreements with the COGs, and/or their contracted partner, to support these efforts.
- San Gabriel Valley COG's Regional Homeless Service Strategy includes an objective to create 588 units of permanent supportive housing over the next five years, and PATH Partners' Gateway Cities Homeless Strategy plans to create 665 units of permanent supportive housing over five years (Attachment B, p. 59).
- Long Beach Homeless Veterans served 369 veterans this quarter, including two families. Services

included: case management, child support reduction, mental health care, and housing. During the fourth quarter, Single Parents United N Kids (SPUNK) assisted 25 clients with a total of 28 child support cases. Of those, SPUNK closed 14 client cases for a total arrears savings of \$211,912.

Strategy 5 Supportive Services Integration and Linkages to Housing \$11,083,464

Clients receive integrated supportive services and housing.

Case Management • Housing Locators • Multi-disciplinary Team/Access Center • Project Homeless Connect

Linkages to Housing – A total of 5,597 participants received permanent housing with 66 percent being families, 13 percent transition age youth, and 21 percent individuals. In contrast, 84 percent of individuals received emergency/transitional housing placement. Chart 6 shows the number of participants who received housing; several LAHSA contracts for emergency/transitional housing ended during FY 2007-08. This quarter, 15 programs placed participants into temporary housing. Participants in these programs spent an average of 104 days in temporary housing prior to permanent or transitional housing. Participant stay in temporary housing ranged from 12 to 180 days (six months).

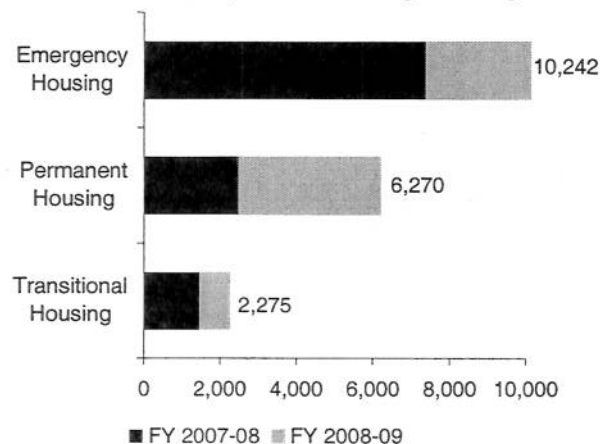
Five programs focus on supportive services integration and linkages to housing. Two programs will serve as service integration models. In June 2009, the Weingart Center Association in partnership with JWCH Institute and the County of Los Angeles opened a state-of-the-art, 20,000 square foot Center for Community Health (CCH) Downtown Los Angeles. In addition, the SSI Advocacy program will increase the number of early SSI approvals by coordinating efforts between DPSS and DHS to utilize existing County medical records and improve the overall SSI application process.

Table 3: Housing Placement through June 2009

	Emergency/ Transitional		Permanent Housing	
Individuals	8,986	84%	1,196	21%
Transition Age Youth	273	2%	709	13%
Families	1,448	14%	3,692	66%
Total	10,717	100%	5,597	100%

Services not categorized by population above: 673 who were moved into permanent housing; 1,255 who were moved into transitional housing; and 524 who were placed into emergency housing.

Chart 6: HPI Participants Receiving Housing



Supportive Services Integration – Participants received supportive services in three categories: 1) employment/education, 2) benefits advocacy and enrollment assistance, and 3) health and human services.

Employment/Education Services and Support

Through June 2009, nine HPI programs reported a total of 1,798 participants received job and/or education related supports (Table 4). Fifty-eight percent of these participants received job training, referrals, or related resources. Participants in these programs included transition age youth, chronic homeless individuals and families on Skid Row, and participants with co-occurring disorders. As programs continue to make linkages to job and education related services and build infrastructure for data collection, these numbers have increased. Knowing that 93 percent of the homeless in Los Angeles are unemployed,⁷ providing them with the support to overcome barriers in obtaining and maintaining employment will assist them in attaining greater self-sufficiency.

Table 4: Jobs/Education	FY 2008-09	Cumulative	Percent
Job training/referrals/resources	1,005	1,049	58%
Education (course, class, books)	383	404	23%
Job placement (employment)	335	345	19%
Total number of services provided:	1,723	1,798	100%

Benefits Advocacy and Enrollment Assistance

For participants who entered programs in need of specific public benefits, 11 HPI programs reported enrolling homeless individuals and families. Table 5 shows that through June 2009, 4,116 homeless individuals were enrolled into General Relief, which consisted of 69 percent of all benefit enrollments. Nine percent of participants were enrolled into Supplemental Security/Disability Income (SSI/SSDI), and 10 percent received Shelter Plus Care or Section 8 to secure permanent housing. This quarter, the number of participants who enrolled into Medi-Cal/Medicare increased by 42 percent - the greatest percent increase from the previous quarter. Followed by public health insurance enrollment, the number of participants receiving Food Stamps increased by 27 percent during this quarter.

Table 5: Benefits	FY 2008-09	Cumulative	Percent
General Relief (and Food Stamps)	1,987	3,517	59%
General Relief only	345	599	10%
SSI/SSDI	489	537	9%
Shelter Plus Care	329	362	6%
Medi-Cal or Medicare	219	293	5%
Section 8	168	264	4%
CalWORKs	161	160	3%
Food Stamps only	149	189	3%
Veterans	40	41	1%
Total number of benefits provided:	3,887	5,991	100%

⁷ LAHSA 2007 Homeless Count.

Supportive Health and Human Services

For FY 2008-09, 16 programs (including the City and Community Program) made 18,723 linkages between participants and supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 6 shows 32 percent (6,014) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 13 percent of linkages were for health care (2,481), and 10 percent (1,921) were for mental health care. Another 10 percent of these linkages connected participants to transportation services, including bus tokens and public transportation.

Knowing that 74 percent of the homeless population have a physical or mental disability, depression, alcohol or drug use, or chronic health problems,⁸ linking these individuals and families with health care, mental health care, and substance abuse treatment is critical. Additionally, with the HPRP funds, the County has expanded services to assist families and individuals with credit repair, legal assistance, and money management. In a recent HPI survey, providers also indicated interest in improving access to child care, law enforcement, and employment support.

Twenty-four programs reported providing case management services, and 10 programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.⁹ Hours provided to each participant per month ranged from 1-80 hours (average of 19 hours) with an average caseload of 23 cases per case manager.

Table 6: Supportive Services	FY 2008-09	Percent	FY 2007-08*
Case management	6,014	32%	2,257
Health care	2,481	13%	183
Transportation	1,967	10%	615
Mental health care	1,921	10%	182
Life skills	1,808	10%	676
Alternative court	1,220	6%	286
Resident rights/responsibilities	902	5%	-
Substance abuse treatment	691	4%	130
Social/community activity	599	3%	51
Food vouchers/food	350	2%	414
Recuperative care	345	2%	45
Other**	216	1%	5
Clothing/hygiene	117	1%	80
Legal services	92	1%	15
Total number of services provided to participants:	18,723	100%	4,939

* For FY 2007-08, this report includes LAHSA contracted programs that provided referrals to mental health care (including domestic violence counseling) and substance abuse treatment.

**Other services include: auto insurance, driver's license release, identification card, and credit repair.

⁸ LAHSA 2007 Greater Los Angeles Homeless Count.

⁹ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

Strategy 6 Innovative Program Design

\$17,044,622

Provides access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

Project 50 • Santa Monica Service Registry • Skid Row Families Demonstration Project • Homeless Courts • Housing Resource Center

INNOVATIVE PROGRAM OUTCOMES

Housing First Models

- **Housing stability:** Housing First models showed a successful 93 percent housing retention rate for individuals and families in permanent housing for six or more months. Housing First programs include: Project 50, Skid Row Families Demonstration Project, and the Santa Monica Service Registry.
- **Increased income:** After one year, Project 50 participants showed a 56 percent increase in benefits since enrollment.
- **Improvement in overall health and well-being:** At the end of one year, Project 50 participants spent significantly fewer days in ERs, hospitals, and jails with considerable cost savings for the County.

Homeless Courts

- **Pathways to self-sufficiency:** Ninety-two percent of Homeless Court participants had their warrants or citations dismissed, and they have been able to move forward by securing employment, reconnecting with their families, and planning for their future.

Los Angeles County Housing Resource Center (LACHRC)

- **Information sharing:** Over 3.2 million searches for housing listings have been conducted online.

The HPI Report Form requested for programs to report on three outcome areas for participants receiving services for 6, 12 and 18 months. The three outcome areas were: 1) housing stability, 2) education and employment status, and 3) health and well-being. Ten programs that served chronic homeless individuals, transition age youth, and homeless individuals and families reported on these longer-term outcome areas.

Point in time outcomes for this past quarter at 6, 12, or 18 months post enrollment:

- **Housing stability:** A total of 1,748 participants continued to live in permanent housing and 1,281 continued to receive rental subsidies.
- **Employment/education:** A total of 99 participants obtained employment, 206 maintained employment, and 101 enrolled in an educational program.
- **Health and well-being:** The following number of participants continued to receive these services for six months or more: 1,566-case management; 1,143-health care; 618-mental health services; and 136-substance abuse treatment.

A brief description of each innovative program:

- **Project 50** – The project is a successful collaboration that includes over 24 government and non-profit agencies. Based on Common Ground's *Street to Home* strategy, Project 50 integrates housing and supportive services for vulnerable, chronic homeless individuals living near downtown Los Angeles on Skid Row. A year after its launch, the pilot successfully moved 50 vulnerable, chronic homeless individuals off of Skid Row with an impressive housing retention rate of 88 percent. Moreover, significant decreases in hospitalizations and emergency room visits indicate improved health and behavioral health outcomes. In addition to improving the quality of life for these 50 individuals, estimates show considerable cost savings as a result of fewer days spent in ERs, hospitals, and jails.
- **Skid Row Families Demonstration Project** – A total of 241 families have been placed into permanent housing. Of these families, 96 percent have successfully maintained permanent housing for six or more months (188 have maintained their permanent housing for 12 months or more, 44 families have maintained permanent housing for seven to 12 months, and five families are in their first six months of permanent housing). For the first six months in permanent housing, families are offered home-based case management. Consistent contact has enabled the Housing First Case Managers to develop positive relationships based on trust. Case management has included linking families to various supportive services, including: community resources, mental health referrals, school referrals, job training referrals, money management, and financial planning. After six months of home-based case management to help families stabilize, the majority of families received follow-up phone calls to ensure they are doing well and are not in crisis.
- **Homeless Courts** – A total of 1,240 individuals have had their warrants or citations dismissed as a result of successful completion of mental health and/or substance abuse treatment requirements of the Los Angeles County Homeless Court and Santa Monica Homeless Community Court. In addition, 11 individuals have graduated from the Co-Occurring Disorders Court to have charges dismissed. As a result of having outstanding warrants, citations, or charges resolved, these individuals have been able to move forward by securing employment, reconnecting with their families, and planning for their future. For example, one participant obtained his GED, became a certified cook and hopes of owning his own restaurant. Another participant said that the program has changed his life by helping him achieve sobriety for over 17 months and reunite with his family.
- **Los Angeles County Housing Resource Center (LACHRC)** – The online database provides information on housing listings for public users, housing locators, and caseworkers. Over 3.2 million searches have been conducted by users to receive listings. The LACHRC is an excellent example of using technology to make information more accessible, and clients are very grateful for this service. In October 2009, the LACHRC added a pre-screening feature to determine HPRP program eligibility and further improve system navigation for clients.

V. PROGRAM NARRATIVE (included in Attachment B)**Program Successes, Challenges, and Action Plans**

Each quarter, programs provide information on successes, challenges, and action plans. A review has identified four common themes in implementing strategies to reduce homelessness: collaborative partnerships, innovative processes, outreach strategies, and leveraged funds.

1. Develop and strengthen *collaborative partnerships* between public, private, and non-profit agencies to ensure a seamless and integrated service system.
2. Support *innovative processes* that promote information sharing between service providers to better meet clients' housing and service needs.
3. Expand *outreach strategies* and education efforts to provide specialized supportive services and housing to more homeless and at-risk individuals and families.
4. *Leverage funds* to expand access to housing and services for more homeless and at-risk individuals and families.

Client Success Stories**A former foster youth in the Transition Age Youth Moving Assistance program -**

A 23-year-old former foster youth residing in an apartment received rental assistance that enabled the youth to stabilize his living situation as he worked to create his own Oatmeal Cupcake Business that shows lucrative potential. This youth serves as a mentor to other foster youth and has plans to create employment opportunities for both current and former foster youth.

A dually diagnosed Co-Occurring Disorders Court (CODC) program participant -

Mr. R is a 55-year-old Hispanic male with an extensive history of substance abuse and mental illness. Upon entering the program, Mr. R presented with extreme hopelessness and debilitating depression. His chronic abuse of drugs and neglected mental illness contributed to his inability to hold a job or secure housing. His own family ostracized him due to his inability to control his behaviors, mood swings, and continued substance abuse. Mr. R initially struggled with adjusting to the parameters of the CODC program and treatment regimen. He ended up leaving the program on multiple occasions and was even re-incarcerated for several weeks. But Mr. R's case manager did not give up on him. Eventually, due in large part to the intensive coordination of services orchestrated by Mr. R's case manager along with his family members, jail and court staff, and the mental health and substance abuse treatment providers, Mr. R finally realized that treatment was a better alternative to incarceration and living on the streets. He allowed himself to accept help and develop trust. Today, Mr. R. has been sober for almost a year and is learning to effectively manage his mental illness. Mr. R took steps to reunify with his family, and he now shares a residence with his sister. Mr. R is grateful for the assistance he received from a program that did not "give up" on him and continues to support him on his journey to recovery.

A Los Angeles County Homeless Court participant -

Client D was referred to Homeless Court by his counselor at a substance abuse treatment program. He had numerous unresolved traffic citations and his driver's license had been suspended. Through Homeless Court, the client's outstanding citations were resolved, and he was able to get his driver's license reinstated. His experience in treatment inspired him to help others struggling with substance abuse. He is now living independently and working full-time as a counselor at a substance abuse treatment program similar to the program he participated. With his driver's license reinstated, he commutes nearly 100 miles to work from his home. Client D frequently submits applications to Homeless Court on behalf of his clients.

VI. RECOMMENDATIONS

County of Los Angeles Homeless Service Integration Plan

Through June 2009, the HPI offered hope to many homeless and at-risk individuals and families living in Los Angeles County. As we apply lessons learned to inform future planning efforts, we will continue to make a greater impact on the lives of many residents who need the support to achieve and sustain a safe, stable place to live.

The FY 2009-10 County of Los Angeles Homeless Service Integration Plan includes four goals:

- Support residents towards self-sufficiency to prevent homelessness;
- Increase linkages to transitional supportive services;
- Create a regional approach to housing development; and
- Enhance integration of supportive services and housing.

The Plan aligns efforts to more effectively use resources and achieve better outcomes. Focusing on a regional approach, the Plan includes expansion of successful *Housing First* models, greater access to integrated health and social services, and support for pathways to stable housing for the homeless General Relief (GR) population.

Homelessness Prevention and Rapid Re-Housing Program (HPRP)

The County received \$12.1 million in American Recovery and Reinvestment Act (ARRA) funds for HPRP. Implemented in October 2009, the County's HPRP provides residents of unincorporated areas and 47 smaller cities with financial assistance and housing stabilization services. In addition, the Cities of Huntington Park and Alhambra are partnering with the County to offer its residents similar services. Families and individuals who are eligible for HPRP may receive rental, security, utility, and moving assistance from the Departments of Public Social Services and Community and Senior Services, respectively. The Department of Consumer Affairs also provides such supportive services as household budgeting and tenant-landlord counseling to help residents maintain housing. Moreover, Neighborhood Legal Services and the Department of Children and Families Services will launch services in November. Through a range of financial assistance and housing stabilization services, HPRP offers a seamless, integrated system to prevent homelessness.

The County CEO and departments worked with the CDC and LAHSA to enhance coordination of HPRP services by using two web-based tools. First, the HPRP proposal added an online pre-screening feature to the LACHRC website so that the public and County staff can determine program eligibility, assist with making referrals, and improve overall system navigation. Second, LAHSA trained over 80 County staff to enter client and service information into the U.S. Housing and Urban Development's Homeless Management Information System (HMIS). The HMIS not only collects data for program evaluation, but the system also allows internal agencies to communicate and share information in order to better serve clients. Beginning in November, the County departments will make direct referrals using HMIS. Through both web-based tools, the HPRP team will make more connections to community resources for clients.

In summary, the CEO will continue to develop partnerships with cities and communities throughout the County to create regional solutions to prevent and reduce homelessness. To ensure the greatest return on the County's investment, the CEO holds monthly Board briefings and homeless coordination meetings that include staff from Board offices, County departments, LAHSA, CDC, and several cities to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. Each of these efforts and the Board's continued investment will ensure that the initiative to reduce homelessness throughout Los Angeles is successful.

We would like to acknowledge the time and effort of the following who have contributed to the HPI program data included in this report.

<i>A Community of Friends</i>	Dora Leong Gallo Nancy Neilson Dorene Toutant
<i>Beyond Shelter</i>	Zoe Ellas Tanya Tull
<i>Catalyst Foundation for AIDS Awareness and Care</i>	Elizabeth Gomez Susan Lawrence
<i>Century Villages at Cabrillo</i>	Brian D'Andrea Aaron Wooler
<i>Chief Executive Office, County of Los Angeles</i>	Cecille Asuncion Betty Betts-Turner Lynn Cao Michael Castillo Rosemary Gutierrez Maggie Ly
<i>City of Long Beach</i>	Rene Miyasato Susan Price
<i>City of Pasadena</i>	Anne Lansing
<i>City of Pomona</i>	Jan Cicco
<i>City of Santa Monica</i>	Stacy Rowe Setareh Yavari
<i>CLARE Foundation, Inc.</i>	David Rolston
<i>Cloudbreak Compton, LLC</i>	Scott Fichter
<i>Community Development Commission (Los Angeles County)</i>	Terry Gonzalez Linda Jenkins Larry Newnam LaCheryl Porter Elena Quon Carolina Romo Lois Starr Scott Stevenson
<i>Department of Children and Family Services, County of Los Angeles</i>	Bedrae Davis Theresa Rupel Rhelda Shabazz
<i>Department of Health Services, County of Los Angeles</i>	Elizabeth (Libby) Boyce Rowena Magana Vicki Nagata
<i>Department of Mental Health, County of Los Angeles</i>	Maria Funk Adrienne Gee Juataun Mark Mary Marx Jaime Nahman John Snibbe Reina Turner
<i>Department of Public Social Services, County of Los Angeles</i>	Consuelo Ayala LaShonda Diggs Ken Krantz Charlotte Lee Judith Lillard Dorothea Manns Charles Medlin

<i>Department of Public Social Services (continued)</i>	Antonio Roldan Jose Salgado
<i>Gateway Cities Council of Governments</i>	Joel John Roberts (PATH Partners) Margaret Willis
<i>Homes for Life Foundation</i>	Deborah Gibson
<i>JWCH Institute, Inc.</i>	Al Ballesteros Paul Gregerson Itohan Oyamendan
<i>Los Angeles Homeless Services Authority (LAHSA)</i>	Steve Andryszewski Michael Nailat Carletta Woods
<i>National Mental Health Association of Greater Los Angeles</i>	Lesley Braden Jamie Gonzalez Dave Pilon
<i>Ocean Park Community Center (OPCC)</i>	Cherry Castillo
<i>PATH Achieve Glendale</i>	Natalie Profant Komuro LaViva Primm
<i>Probation Department, County of Los Angeles</i>	Suzy Moraes Michael Verner Maria Vicente
<i>Public Counsel Law Center</i>	Jennifer Amis David Daniels Sarah Evans Paul Freese Kris Peterson
<i>San Gabriel Valley Council of Governments</i>	Nicholas Conway Bekah Cooke
<i>Sheriff's Department, County of Los Angeles</i>	Lt. Edward Ramirez
<i>Skid Row Housing Trust</i>	Katherine Hill Shannon Parker
<i>Southern California Alcohol and Drug Programs, Inc. (SCADP)</i>	Heidi Hobart-Ferraro
<i>Southern California Housing Development Corp. of Los Angeles</i>	Sandra Peterson
<i>Special Service for Groups (SSG)</i>	Cheryl Branch Chris Minnick Carlos Moran
<i>Step Up on Second</i>	Aaron Criswell Tod Lipka
<i>Superior Court of California (County of Los Angeles)</i>	Jessica Delgadillo Ken Kallman Saida Lopez
<i>The Salvation Army</i>	Alen Davtian Steve Lytle
<i>Union Rescue Mission</i>	Jessica Brown-Mason Carrie Gatlin Bert Paras
<i>Volunteers of America of Los Angeles</i>	Jim Howat Veronica Lara Alma Martinez
<i>Women's and Children's Crisis Center</i>	Judith Gordon Dolores Salomone

Table of Homeless Prevention Initiative (HPI) Programs

Program	Indicator (to date)	Target	Funding	Budget
23. Pre-Development Revolving Loan	\$9.1 million requested to provide 266 housing units	n/a	One-Time	\$20,000,000
24. Project Homeless Connect	8,848 participants were connected to services/benefits	n/a	One-Time	\$45,000
25. City and Community Program -CCP(V)	\$11.6 m capital, \$20.6 m City Community Programs	Multiple	One-Time	\$32,000,000
26a. Gateway Cities Homeless Strategy -COGs (VI)	Final report completed in March 2009	n/a	Ongoing	\$135,000
26b. San Gabriel Valley Council of Governments	Final report completed in March 2009	n/a	Ongoing	\$200,000
27. LAHSA contracted programs	7,396 placements into transitional housing	n/a	One-Time	\$1,735,000
28. PATH Achieve Glendale (families and individuals)	272 placements into housing	n/a	One-time	\$150,000
29. Center for Community Health Downtown Los Angeles	Program launched on June 30, 2009	n/a	Ongoing	*\$186,000
30. SSI and Other Benefits Advocacy Program	Program to be launched during FY 2009-10	Individuals	One-Time	\$2,000,000
HPI Funding Total (excludes Board approved operational support (FY 2006-07), administrative and evaluation costs)				\$98,815,100
*Ongoing costs expected to be \$76,000				

City and Community Program (CCP) Funds	Service (\$)	Capital (\$)
A Community of Friends – Permanent Supportive Housing Program	\$1,800,000	
Beyond Shelter Housing Dev. Corp. – Mason Court Apartments		\$680,872
Catalyst Foundation for AIDS Awareness and Care – Expansional Supportive Services Antelope Valley	1,800,000	
Century Villages at Cabrillo, Inc. – Family Shelter EHAP I & II		1,900,000
City of Pasadena – Nehemiah Court Apartments	102,685	858,587
City of Pomona – Community Engagement & Regional Capacity Building	1,239,276	
City of Pomona – Integrated Housing & Outreach Program	913,975	
CLARE Foundation, Inc. – 844 Pico Blvd., Women's Recovery Center		2,050,000
Cloudbreak Compton LLC – Compton Vets Services Center	322,493	1,381,086
Homes for Life Foundation – HFL Vanowen	369,155	369,155
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley	900,000	
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Long Beach	1,340,047	
Ocean Park Community Center (OPCC) – HEARTH	1,200,000	
Skid Row Housing Trust – Skid Row Collaborative 2 (SRC2)	1,800,000	
So. California Housing Development Corp. of L.A. – 105 th and Normandie	200,000	600,000
So. California Alcohol & Drug Programs, Inc. (SCADP) – Homeless Co-Occurring Disorders Program	1,679,472	
Special Services for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program	1,800,000	
The Salvation Army – Bell Shelter Step Up Program		500,000
Union Rescue Mission – Hope Gardens Family Center	756,580	646,489
Volunteers of America of Los Angeles – Strengthening Families	1,096,930	
Women's and Children's Crisis Shelter	1,000,000	
Total for Service and Capital	300,000	
	\$18,620,613	\$8,986,189
Grand Total for CCP	\$27,606,802	

Table of Homeless Prevention Initiative (HPI) Programs

Program Families (I)		Indicator (to date)		Target	Funding	Budget
3	1	Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	6,016 families received eviction prevention to prevent homelessness	2,079	One-Time	\$500,000
1	2	Moving Assistance for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families	3,354 families received moving assistance and permanent housing	1,305 450	One-Time	\$1,300,000
1	3	Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	211 families received rental subsidies to prevent homelessness	1,475	One-Time	\$4,500,000
5	5	Housing Locators	573 families placed into permanent housing	n/a	DPSS	\$1,930,000
6	6	Skid Row Families Demonstration Project	241 families placed into permanent housing	300	Board Approved	\$9,212,000
9	1	Transition Age Youth (II)				
9	1	6. Moving Assistance/Rental Subsidies for TAY – DCFS	431 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
9	1	7. Moving Assistance/Rental Subsidies for TAY – Probation	358 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
11	2	Individuals (III)				
13	6	8. Access to Housing for Health (AHH)	62 clients placed into permanent housing 93% decrease in inpatient days; 83% in ER visits	115 cap	Board Approved	\$3,000,000
15	5	9. Co-Occurring Disorders Court	47 individuals placed into transitional housing	n/a	Ongoing	\$200,000
16	2	10. DPSS General Relief Housing Subsidy & Case Management Project	2,512 homeless GR participants received housing subsidies for housing placement	900 time	Ongoing	\$4,052,000
16	2	11. DPSS-DHS Homeless Release Project	373 potentially homeless individuals received benefits	n/a	Ongoing	\$588,000
18	2	12. DPSS-Sheriff's Homeless Release Project	2,635 potentially homeless individuals received benefits	n/a	Ongoing	\$1,171,000
20	5	13. Homeless Recuperative Care Beds (DHS)	280 individuals were served through this program 73% decrease in hospitalizations; 32% in ER visits	490/2yr	One-Time	\$2,489,000
21	2	14. Housing Specialists (most clients are individuals)	555 placed into permanent housing	n/a	DMH MHSA	\$923,000
23	4	15. Just In-Reach Program	128 individuals received public benefits	Individuals 400/2 yr	One-Time	\$1,500,000
26	6	16. Long Beach Services for Homeless Veterans (mostly individuals)	83 veterans received case management services	n/a	Ongoing	\$500,000
28	1	17. Los Angeles County Homeless Court Program	1,122 individuals with citations or warrants dismissed	n/a	Ongoing	\$379,000
29	6	18. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	190 single adults received moving assistance to prevent homelessness	until 2,000	One-Time	\$1,100,000
31	6	19. Project 50	53 chronic homeless individuals placed into permanent housing	50	One-Time	\$3,600,000
33	6	20. Santa Monica Homeless Community Court	118 individuals with citations or warrants dismissed	90	Board Approved	\$540,000
36	6	21. Santa Monica Service Registry	68 chronic homeless individuals have participated	n/a	3 rd District	\$1,178,100
		Multiple Populations (IV)				
		22. Los Angeles County Housing Resource Center	Over 3.2 million housing searches conducted	n/a	Ongoing	\$202,000

For this report, unless specified: Fiscal Year (FY) refers to the four quarters in FY 2008-09 (July 1, 2009 - June 30, 2009). Cumulative refers to the number of clients served to date.

I. PROGRAMS FOR FAMILIES

1, 2, 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	\$500,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$4,500,000

**Table A.1: DPSS Services for Families by Program
FY 2008-09**

Program (unduplicated count)	FY	Cumulative
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	3,608 received eviction prevention	6,016 received eviction prevention
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	1,868 received moving assistance and permanent housing	3,354 received moving assistance and permanent housing
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	131 received rental subsidies for permanent housing	211 received rental subsidies for permanent housing

**Table A.2: DPSS Measures by Program
FY 2008-09**

Program (unduplicated count)	Number of applications received		Percent of applications approved		Average amount of grant	
	FY	To date	FY	To date	FY	FY 07-08
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	5,343	9,003	68%	67%	\$649	\$589
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	2,631	4,922	71%	68%	\$821	\$629
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	137	215	96%	99%	\$427	\$150

Each program reported an average of three business days to approve an application.

FY 2008-09 January - June 2009 only	Moving Assistance	Rental Subsidy	Emergency Assistance
Homeless/At-Risk Families	765	58	1,707
Female	1,466	105	2,949
Male	911	91	2,323
Hispanic	862	85	3,166
African American	1,358	81	1,809
White	54	23	174
Asian/Pacific Islander	56	2	54
Native American	-	2	6
Other	47	3	63
15 and below	1,502	121	1,769
16-24	231	11	237
25-49	641	64	560
50+	3	-	4

1) Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families

Successes: During this past quarter through the MA program, a total of 419 families received assistance to secure permanent housing. and/or received assistance for one or more of the following: a) utility turn-on fees; b) truck rental; c) purchase appliances (stove and/or refrigerator).

Challenges: Finding affordable housing is a significant challenge for Los Angeles County residents.

Action Plan: DPSS is in the process of finalizing an MOU with the Los Angeles County Housing Authority to set aside a total of 100 Section 8 vouchers for homeless families with a Domestic Violence issue. Additionally, through the same MOU, a percentage of Public Housing slots will become available to DPSS to make referrals.

Client Success Story: A homeless participant with two children applied for CalWORKs benefits. The participant was a victim of Domestic Violence (DV) and was seeking protection from an abusive husband. The family was placed in a DV Shelter by the Homeless Case Manager. The participant was able to receive DV and mental health services while at the shelter. Additionally, with tireless efforts of the participant and the case manager from DPSS, they were able to locate affordable housing. The participant received Moving Assistance funds to secure housing. The participant is very optimistic about the future of her family.

2) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families

Successes: This program has provided rental subsidy assistance to 58 families for this quarter.

Challenges: Due to budget constraints, this program was terminated for new program applicants effective February 28, 2009.

Action Plan: The action plan is to continue assisting families that were approved prior to the termination of this program (2/28/09).

Client Success Story: A CalWORKs family who became homeless due to a domestic violence situation accessed GAIN supportive services after resolving a CalWORKs program sanction with the assistance of the participant's HCM. The participant found permanent housing from a listing the HCM provided to her from the Socialserve.com/restricted area search. The participant qualified for Permanent Homeless Assistance, Moving Assistance and the 12 Month Rental Subsidy Program. Through the collaborative

efforts of the DPSS HCM, the Housing Resources Eligibility Unit, GAIN and LAHSA (shelter), this family was able to move from a DV shelter into permanent housing.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: Through the EAPE program, a total of 853 families at-risk of homelessness received assistance to maintain their current housing and/or maintain their utility services this quarter.

Challenges: Due to the high volume of applications for EAPE, funding is always a challenge.

Action Plan: Management is always trying to identify new funding opportunities to maintain the program or shift unused dollars from other programs to continue EAPE.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$1.93 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures
FY 2008-09, through December 31, 2008

(unduplicated count)	FY	Cumulative
Homeless Families	471	1,685
Housing (permanent)	210	573
Number of referrals to Program	471	1,685
Average time to place family (days)	60-180	60-180

Successes: Through the assistance of the Housing Locators, 210 families were placed into permanent housing during October-November 2008. No placements were made in December 2008.

Challenges: Due to budget constraints, the Housing Locators contract has been officially terminated effective December 15, 2008. Referrals to the Housing Locators program ended effective October 15, 2008.

Action Plan: The Housing Locator's program contract was terminated effective December 15, 2008.

5) Skid Row Families Demonstration Project

Goal: Locate 300 families outside of Skid Row and into permanent housing.

Budget: \$9.212 million (Board Approved Funding)

Table A.4: Skid Row Families Demonstration Project Participants and Services

FY 2008-09 (unduplicated clients)		Cumulative (3/31/09)	FY 2008-09	FY 2007-08
Homeless Families	300	Moving assistance	52	123
(individuals)	1,084	Eviction prevention	40	-
Female	273	Housing (emergency/transitional)	31	278
Male	27	Housing (permanent)	*241	123
		Rental subsidy	19	14
Hispanic	68	Education	8	2
African American	187	Job training/referrals	35	25
White	12	Job placement	8	6
Asian/Pacific Islander	3	Section 8	12	65
Native American	-			
Other	30	Case management	263	254
		Life skills	440	254
15 and below	619	Mental health/counseling	33	17
16-24	80	Transportation	224	410
25-49	295	Food vouchers	190	390
50+	15			
Program Specific Measures			FY 2008-09	FY 2007-08
Number of families enrolled in project			300	300
Number of families relocated from Skid Row area within 24 hours			-	-
Number of families placed into short-term emergency housing			-	300
Number of adults who received referrals to community-based resources and services			386	420
Number of children who received intervention and services			679	850
Number of families who received monitoring/follow up after 6 months case management			353	64
Number of families no longer enrolled (termination or dropped out of program)			59	50
Number of families who received an eviction notice during the last 3 months			30	-
Number of families who lost their permanent housing during the last 3 months			6	-
Emergency Housing/Case Management			Fourth Quarter	
Average length of stay in emergency housing:			46 days	
Most frequent destination (permanent housing):			3 families	
Case management (level 2)				
Average number of case management hours for each participant per month:			50 hours	
Total case management hours for all participants during current reporting period:			1,170 hours	
Number of cases per manager:			13 cases	
Longer-term Outcomes			6 mo	12 mo
Continuing to live in housing			44	188

*A total of 241 families have received permanent housing since the beginning of the program.

Additional measures to be provided after close of program:

- Gainful employment - (Number of individuals who obtained employment)
- Access to appropriate and necessary mental health or substance abuse treatment - (Number of individuals who received mental health services, Number of individuals who received substance abuse treatment)
- Educational stability for children - (Number of children)
- Socialization/recreational stability for children - (Number of children)
- Services to assist domestic violence victims - (Number who received domestic violence services/counseling)

Successes: The Skid Row Families Demonstration Project (SRFDP) has had positive outcomes for participant families who moved to permanent housing. With the exception of 58 families who were terminated from the program due to loss of contact or non-compliance, Beyond Shelter has placed 241 of 300 participant families into permanent housing. Of the 241 families who moved to permanent housing, only four have been evicted and have returned to homelessness. As of June 30, 2009, 188 families have successfully completed 12 months in permanent housing (62 families during the fourth quarter), 44 have completed 7 to 12 months, and 5 are in their first six months of permanent housing.

With all participating families moved to permanent housing, the entire focus of the case managers shifted to assisting families with stabilizing in their new homes. The primary goal was linking them to community services, teaching life skills, budgeting, managing stress, and navigating through the public social service systems. Beyond Shelter case managers provided six months of home-based case management to 229 families who moved to permanent housing; the remaining families are continuing to receive six months of home-based case management. Only 12 families' cases were closed prior to their completion of six months in permanent housing. In 11 of these cases, the family requested termination of case management for various reasons, and in one case the family was evicted and moved out of the County. Most families welcomed the support of their Beyond Shelter case manager and were open to being assisted by them. During this quarter, there was a lower incidence of crisis intervention required for families in permanent housing. This can be directly attributed to the decreased number of high intensity needs families and the lower number of families on each caseload, allowing case managers to provide more intensive and individualized support to help families move to improved housing stabilization.

Challenges: Limited resources and the struggling economy had a negative impact on clients this year. Most of the families enrolled in the SRFDP receive CaWORKs public assistance. Beginning in June, the overall CaWORKs program was revised and the benefits were decreased by 6% for all recipients. Additionally, community resources, such as food banks, which previously provided a safety net for families in need, are now being accessed by a greater number of people in local communities. Generally, resources available in the community have decreased, while the demand for resources has increased dramatically. Employment opportunities have also decreased, with current statewide unemployment rates very high. With limited incomes, and sparse employment opportunities, participants in the SRFDP are experiencing a new level of stress based on these uncontrollable external factors. Approximately 5% of the 241 families in permanent housing were faced with property owners going into foreclosure, requiring proactive intervention to ensure their rights, including remaining in the foreclosed properties but making rent payments to banks. Often it was unclear where to send rent payments and who to contact for property repairs. Not only did these factors create additional stress and anxiety for families, but they also posed new challenges for the case managers.

Action plan: Beyond Shelter case managers are working closely with families to develop Family Action Plans that help them maintain their monthly goals and to identify their priorities. The plans include money management, budgeting, shopping wisely, and utilizing all available resources. Clients who have not been successful finding employment are encouraged to continue participation in GAIN through DPSS, and to obtain any and all education and training available to them. Case managers focus on stress management techniques to help alleviate the anxiety which may result in negatively impacting their stability in permanent housing. In the foreclosure cases, case managers have assisted clients by advocating for them, ensuring they send their rent payments to the appropriate recipient, and helping clarify their rights and responsibilities as they relate to Section 8 guidelines.

Client Success Story: Client S is a 23-year-old African American single mother with three children, four-year-old twin boys and a three-year-old daughter. Prior to becoming homeless, she and her twin boys, and their father were living with an aunt. A month before her daughter was born, the children's father became incarcerated. Shortly after, the client's aunt raised her portion of rent and she was not able to afford it, forcing the family to move out. Client S was unable to afford to live on her own. She stayed with relatives and friends for two months until she went to the Midnight Mission on Skid Row.

The Skid Row Assessment Team referred the client to the Skid Row Families Demonstration Project and the family was enrolled in May 2007. Once referred to the SRFDP, she and her children were immediately

removed from the Skid Row area and placed in a motel. She was assisted through the Section 8 application process and received tenant education. Throughout this episode of homelessness, the client managed to continue her education at Everest College to earn a certificate in Medical Billing while her children attended daycare. At intake, the client's service needs intensity was assessed as high due to a variety of components including her age and the age of her children, her history of evictions, and her limited education. Prior to moving to permanent housing, her service needs intensity was re-assessed to low because she was attending school and had been quite responsible and diligent in the care of her children and her efforts to obtain permanent housing. She was assigned a Housing Relocation Specialist who assisted her with moving to a large three-bedroom unit in Los Angeles in February 2008.

The family was happy with their permanent housing but a water leak caused irreparable plumbing damage, which required them to move again. With the support of her Beyond Shelter case manager, the client successfully moved to another permanent housing location where she had saved enough money to pay the move-in fees. Beyond Shelter provided her with home furnishings including beds, a sofa, and a dining table. Her new home is on a quiet residential street in Los Angeles, a single family residence with sufficient space for her children. She finally felt comfortable at home. She stated that she had learned the techniques to be successful through discussions with her case manager about topics presented in the *Successful Household Money Management* booklet and *Family Survival Guide*.

Once stabilized in permanent housing, Client S became aware that her two twin boys' verbal skills were developmentally delayed. The case manager referred her to a speech therapist near the home where she took her children for evaluations. The children's school was not providing the necessary resources to address their needs. She took the initiative to enroll them in a LAUSD school where they were assessed and provided with necessary resources as well as an Individualized Education Plan (IEP).

Client S has been working diligently to rebuild her life for herself and her three children. She graduated from Everest College and is currently working in the healthcare field in medical billing. The client is interested in going back to school and obtaining her bachelor's degree in criminal justice. She has utilized the assistance provided by Beyond Shelter to its full potential and has exceeded program expectations. She has now completed more than 12 months in permanent housing. Prior to closure of her case, she had demonstrated remarkable changes in her mood, self esteem and personal goals throughout the stabilization process.

II. PROGRAMS FOR TRANSITION AGE YOUTH

6 and 7) Moving Assistance for Transition Age Youth

Goal: Assist Transition Age Youth (TAY) to move into and secure permanent housing.

Budget: \$3.5 million (One-Time Funding)

Table B.1: Moving Assistance for Transition Age Youth Participants
FY 2008-09

	Total FY	Probation		DCFS	
		FY	Cumulative	FY	Cumulative
Transition Age Youth	515 (100%)	*155 (new)	358	360 (all)	**434
Female	271 (64%)	61	150	252	-
Male	151 (36%)	94	208	108	-
Hispanic	112 (27%)	47	94	87	-
African American	284 (67%)	101	248	245	-
White	17 (4%)	2	10	22	-
Asian/Pacific Islander	8 (2%)	5	6	5	-
Native American/Other	-	-	-	-	-
16-24	422 (100%)	155	358	360	-

*During the First Quarter of FY 2008-09, 68 new TAY were enrolled;

**FY 2007-08 DCFS demographic participant data was duplicative.

Table B.2: Moving Assistance for Transition Age Youth Services
FY 2008-09

(unduplicated count)	Total FY	Probation		DCFS	
		FY	Cumulative	FY	Cumulative
Moving assistance	238	132	253	149	204
Rental subsidy	451	189	358	352	431
Housing (permanent)	210	152	311	101	234
Eviction prevention				1	1
Any supportive service ⁺	67	48	101	19	64
Education	57	9	-	48	58
Job training, referrals	39	-	-	31	35
Job placement	39	39	81	-	-
Case management	516	249	358	360	434
Life skills	8	-	-	8	8
Mental health	1	-	-	1	1
Transportation	77	-	-	90	107
Food vouchers	29	-	-	43	43
Clothing	58	-	-	72	72
Auto insurance	10	-	-	11	11

⁺Probation does not break down supportive service by type, except for job placement.

Table B.3: Longer-term Outcomes for Transition Age Youth
(6 or more months), FY 2008-09, Fourth Quarter

	Probation	DCFS
Continuing to live in housing	84	88
Continuing to receive rental subsidy	-	5
Obtained employment	79	30
Maintained employment	-	60
Enrolled in educational program/school	-	49
Received high school diploma/GED	-	-

DCFS data is from the Second Quarter.

Table B.4: Program Specific Measures for Transition Age Youth				
FY 2008-09, Number of approvals through June 30, 2009; other measures through December 2008				
	Probation		DCFS	
	YTD	Cumulative	YTD	Cumulative
Number of new approvals	155	437	230	310
Average cost per youth	\$4,082	*\$3,815	\$1,913	*\$2,663
Number of program participants satisfied with program services	129 (of 131)	216 (of 218)	66	135
Number of pregnant/parenting youth placed in permanent housing	37	90	10	71
Number exited housing	21	48	148	324
Number remaining in permanent housing and receiving assistance at 6 months	n/a	n/a	41	78

*FY 2007-08 average cost per youth.

Probation— Moving Assistance for TAY

Successes: Of the 215 youth served by one of our two caseworkers, 144 remain in housing. Fifty-four youth left with a plan for continued permanent housing, and only 17 left with no plan (eight percent). **Therefore, 92 percent of these youth maintained permanent housing.** Only 8 of the these 215 youth (four percent) re-offended while housed.

Challenges: Probation's HPI money will be exhausted by the end of July 2009. The program first started spending money in May 2007, and will run for three years. For the remaining months, current clients will be monitored. No new client will be served unless additional funding is allocated.

Action Plan: Continue to monitor current clients and request additional funding to provide services to additional youth.

Client Success Story: Father Gregory J. Boyle, S.J., Executive Director of Homeboy Industries writes, "... As some young people are released from incarceration and have no family to live with; or others are ready to move out on their own and get their first apartment, the kind of support they have received from the Transition to Permanency Project has been invaluable. The Program has provided the first and last month's rent and has acquired basic furnishings, such as stove, refrigerator, bed, etc. The young clients are checked on regularly throughout the first year and are offered support as they need it."

DCFS – Moving Assistance for TAY

Successes: The program continues to have success. During this quarter, 268 youth were contacted and 46 were new approvals. The program provided move-in assistance to 43 youth. The average spending was \$61,000 per month. An average of an hour of level 1 case management was provided to participants (a total of 26 hours was provided during the fourth quarter).

Challenges: Maintaining contact with the youth continues to be a monumental challenge. During the course of this quarter, it also became obvious that youth are very challenged with budgeting and understanding the debt ratio v/s earned income. Their wants and desires far exceed their ability to afford, based on their salaries.

Action Plan: Continue to stress to the youth the importance of maintaining contact with the program. Discuss in the initial interviews debts versus income and the necessity of budgeting to enable youth to pay their bills.

Client Success Story: A 23-year-old former foster youth residing in an apartment received rental assistance that enabled the youth to stabilize his living situation as he worked to create his own Oatmeal Cupcake Business that shows lucrative potential. This youth serves as a mentor to other foster youth and has plans to create employment opportunities for both current and former foster youth.

III. PROGRAMS FOR INDIVIDUALS**8) Access to Housing for Health (AHH)**

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$3 million (Board Approved Funding)

Table C.1 : Access to Housing for Health Participants and Services					
FY 2008-09					
(unduplicated count)	FY	Cumulative		FY	Cumulative
Homeless Individuals	10	14	Education	-	2
Chronic Homeless	31	89	Job training	-	1
Homeless Families	-	4	Job placement	-	2
Female	18	44			
Male	22	70	General Relief	14	61
Transgender	1	1	Food Stamps only	-	1
Hispanic	7	27	Medi-Cal/Medicare	5	34
African American	16	49	Section 8	17	48
White	18	37	Public Housing Certificate	6	14
Asian/Pacific Islander	-	1	SSI/SSDI	6	29
Native American	-	-		FY	Cumulative
Other	-	1	Case management	41	107
			Health care	41	107
15 and below	-	7	Life skills	41	107
25-49	15	42	Mental health/counseling	13	28
50+	26	66	Substance abuse (outpatient)	5	16
			Transportation	31	97
Moving assistance	15	53			
Housing (emergency/transitional)	41	107			
Housing (permanent)	23	62			
Rental subsidy	23	62			
Program Specific Measures				FY	Cumulative
Number of referrals				250	603
Number admitted to program (enrolled)				41	107
Pending applications				2	n/a
Number that did not meet eligibility criteria				200	494
Number of exited clients				9	29
Reduction in Emergency Department visits (12 months post enrollment, n=41)				-	83%
Reduction in number of inpatient days (12 months post enrollment, n=41)				-	93%
Number of new AHH enrollees that have a primary healthcare provider				41	107
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:				142 days, 62 into permanent housing	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				14 hours	
Total case management hours for all participants during current reporting period:				645 hours	
Number of cases per case manager:				10 cases	

Successes: To date, 45 AHH clients have reached their one-year mark in the program. They had a combined total of 197 Emergency Department visits during the 12 months prior to AHH enrollment. Post enrollment, the clients only had a combined total of 34 Emergency Department (Emergency Room) visits. **The number of Emergency Department visits were reduced by 83%.**

Table C.2: Longer-term Outcomes FY 2008-09, Fourth Quarter	6 mo.	12 mo.
Continuing to live in housing	11/11	36/38
Receiving rental subsidy	100%	95%
Case management	7	4
Health care	7	4
Mental health care	4	2
Substance abuse treatment (outpatient)	1	1
Reunited with family	4	1

The 45 AHH clients also had a combined total of 394 inpatient days prior to AHH enrollment. These same clients only had 28 inpatient days post AHH enrollment. **The number of inpatient days was reduced by 93%.**

Challenges: There continues to be challenges in obtaining appropriate referrals for clients that would be suitable for the AHH program. Many of the referred clients do not possess the skills for independent living or require a higher level of care. Many clients present with severe physical and psychiatric conditions and are unwilling to access treatment or comply with medications.

Action Plan: The AHH Project Coordinator continues to receive many referrals and these are being processed in a timely manner. The AHH staff are actively processing referrals in a timely manner to ensure this process is efficient. The AHH staff are currently fully staffed with the addition of two case managers and a Housing Locator. The Housing Locator has assisted in ensuring the housing application, location and move in process are meeting the client's needs and occurring in a timely manner. The AHH staff continues to promote the program with current referral sources and the development of new sources. The staff plans to continue to reconnect with referral sources on a regular basis.

Client Success Stories: Mr. M is a 45-year-old Caucasian male and was homeless for over a year. Mr. M is divorced and has four children: two adult children and two daughters (ages 11 and 12 who live with his mother in Palmdale). Mr. M was injured in a motor vehicle accident in 2005 and has since been unable to resume work as a truck driver manager and instructor. Mr. M was living in a motor home on his mother's property; however, following family breakdown the client became homeless. Mr. M lived in a shed with no electricity or running water for many months. Mr. M obtained medical care from High Desert Multi-Ambulatory Care Center (MACC) to treat his multiple medical conditions, i.e., Type II Diabetes, Obesity, Hypertension, Depression, Asthma, Metal Pins in his Right Leg, and a Large Ventral Hernia. Mr. M attended a weekly Health Education Group through the Healthy Way LA program at the High Desert MACC and was referred by a social worker to AHH. Mr. M enrolled in the AHH program on March 4th, 2009. Mr. M was determined to live in the Antelope Valley, so that he could be reunited with his daughters. He was approved for a Section 8 voucher through the County of Los Angeles and moved into a large four bedroom, three bathroom home with a yard last May. By enrolling in the AHH program, Mr. M has been able to address both his physical conditions and his depression by receiving on-going treatment at the High Desert MACC, the Department of Mental Health, and case management through Homeless Healthcare Los Angeles. The client has been successful in his housing for nearly two months. Mr. M now has a stable living environment to improve his medical and mental health conditions as well as improve his relationship with his daughters. Mr. M has demonstrated an improvement in his self esteem and his ability to advocate for himself to ensure his health and housing remain stable.

9) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C.3: Co-Occurring Disorders Court Participants and Services					
FY 2008-09					
(unduplicated count)	FY	Cumulative		FY	Cumulative
Chronic Homeless	31	66	Education	5	15
Homeless Individuals	5	5	Job training/referrals	18	27
Transition Age Youth	1	1	Job placement	-	1
Female	25	42	CalWORKs	-	1
Male	12	30	General Relief (GR,FS)	11	14
Hispanic	4	8	Food Stamps only	2	3
African American	27	57	Medi-Cal/Medicare	9	32
White	4	5	SSI/SSDI	5	30
Other	2	2	Shelter Plus Care	5	5
16-24		3	Alternative court	36	45
25-49		42	Case management	36	45
50+		28	Health care/medical	19	23
Eviction prevention	2	2	Life skills	33	41
Housing (emergency)	4	8	Mental health/counseling	36	45
Housing (transitional)	27	47	Social/community activity	15	20
Housing (permanent)	2	2	Substance abuse (outpatient)	54	63
Rental subsidy	26	33	Substance abuse (residential)	15	18
Moving assistance	2	2	Transportation	36	45
			Clothing/hygiene	33	42
Longer-term Outcomes (six or more months)					
Receiving rental subsidy					5
Enrolled in educational program, school					5
Case management					13
Health care					13
Good or improved physical health					13
Mental health/counseling					11
Good or improved mental health					11
Substance abuse treatment (outpatient)					7
Substance abuse treatment (residential)					4
No drug use					8
Emergency Housing/Case Management					
Average level III case management hours for each participant per month:				8 hours	
Total case management hours for all participants during current reporting period:				1,090 hours	
Number of cases per case manager:				5 cases	

Successes: The third cohort of clients has now graduated from the 18-month court-supervised CODC treatment program, bringing the overall total of graduates to eleven. Three clients are expected to graduate in August 2009. Clients graduating have successfully met their treatment goals and are subsequently transitioned into lower levels of care. Many of the graduates have chosen to continue their affiliation with Special Services for Groups (SSG) Central Mental Health for ongoing social support and resources. CODC graduates even return to court to celebrate the accomplishments and graduation of their peers. Two of the clients have become full time volunteers at SSG and provide valuable mentorship for new program participants. A new Employment Specialist will be starting with SSG in August 2009. The Employment Specialist will participate in designing and implementing a Peer Leadership & Consumer Employment Program for the graduates. The addition of this Employment Specialist will enable SSG to increase its provision of support services, linkages, and employment resources for clients re-integrating into the community and re-entering the workforce. The SAMHSA-funded CODC residential treatment program at Antelope Valley Rehabilitation Center (AVRC) began accepting CODC clients in April 2009. This component of the program offers integrated mental health treatment and drug rehabilitation at the

AVRC residential treatment facility in Acton. It also expands the continuum of integrated treatment for CODC clients who suffer from severe and persistent mental illness, serious substance abuse disorders, and chronic homelessness. Clients participate daily in both psychotherapy and chemical dependency counseling. They also receive psychopharmacological interventions, intensive case management, and continued supervision by the COD Court. AVRC recently graduated their first three CODC clients. Currently, ten CODC clients receiving residential COD services at AVRC are responding well to the treatment milieu and rehabilitation services, and the increased structure and supervision offered by this program. In addition, SSG continues to expand its evidenced-based programming. SSG recently introduced a Women's Trauma Group and a Men's Trauma Group to the clients who attend group therapy at the SSG Central clinic. The response to these new therapeutic interventions has been positive.

Table C.4: Program Specific Measures	FY	Cumulative
Number of clients screened for enrollment	129	409
Number of clients accepted for observation	27	78
Total number of clients enrolled	28	66
Number of clients pending enrollment	2	15
Number of clients not meeting Program criteria	55	190
Number of clients rejecting/dropping out prior to enrollment	26	98
Number of clients lost during follow-up process	3	6
Number of participants in ER/crisis stabilization while enrolled in program	17	21
Average length of hospital stay (days)	10	14
Number of participants who have a primary healthcare provider while enrolled	22	53
Number of participants with new arrest(s)	18	21
Misdemeanor:	1	3
Felony:	17	14
Number of participants in jail	21	22
Average number of days in jail	25	(FY 07-08) 36

Challenges: Without its own housing, SSG relies on sober living home providers. The housing managers at these homes have been moderately receptive to the trainings offered by SSG. However, continuing education needs to be provided to the housing providers to optimize care and supervision for the residents. Additionally, the sober living housing programs available in Los Angeles are typically located in areas where drugs are readily available, thereby presenting a formidable challenge to the clients and their efforts to maintain sobriety. Due to the impending curtailment of funding for the Proposition 36 courts, identification of prospective CODC candidates has been impacted. Department of Mental Health is working closely with the Public Defender to overcome this obstacle, promote visibility for the program, and generate new referral sources.

Action Plan: Energy continues to be focused on grant writing to access new funds for enhancing and expanding the program. The SSG development team is working closely with the Countywide Criminal Justice Coordination Committee (CCJCC) to explore various grant opportunities to increase its capacity to serve additional clients and enhance services. Efforts will be made by all partners to create an effective system for outreaching to the courts in order to ensure positive enrollment numbers for the program.

Client Success Story: Mr. R is a 55-year-old Hispanic male with an extensive history of substance abuse and mental illness. Upon entering the program, Mr. R presented with extreme hopelessness and debilitating depression. His chronic abuse of drugs and neglected mental illness contributed to his inability to hold a job or secure housing. His own family ostracized him due to his inability to control his behaviors, mood swings, and continued substance abuse. Mr. R initially struggled with adjusting to the parameters of the CODC program and treatment regimen. He ended up leaving the program on multiple occasions and was even re-incarcerated for several weeks. But Mr. R's case manager did not give up on him. Eventually, due in large part to the intensive coordination of services orchestrated by Mr. R's case manager along with his family members, jail and court staff, and the mental health and substance abuse treatment providers, Mr. R finally realized that treatment was a better alternative to incarceration and living on the streets. He allowed himself to accept help and develop trust. Today, Mr. R. has been sober for almost a year and is learning to effectively manage his mental illness. Mr. R took steps to reunify with his family, and he now shares a residence with his sister. Mr. R is grateful for the assistance he received from a program that did not "give up" on him and continues to support him on his journey to recovery.

10) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rental subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2008-09

	FY	Cumulative
Chronic Homeless	425	Education 21
Homeless Individuals	1,088	Job training/referrals 577
		Job placement 183
Female	586	
Male	927	
		SSI/SSDI 106
Hispanic	212	Section 8 3
African American	983	Veteran's 1
White	257	
Asian/Pacific Islander	36	
Native American	15	
Other	10	
		Case management 2,512
		Health care 585
		Life skills 266
		Mental health/counseling 502
16-24	158	Substance abuse (resident) 20
25-49	1,043	Substance abuse (outpatient) 106
50+	312	Transportation 558
	Cumulative	Recuperative care 3
Rental (housing) subsidy*	2,512	Social/community event 1
Moving assistance	1,652	
Longer-term Outcomes		6 mo. 12 mo. 18 mo.
Receiving rental subsidy		545 188 164
Obtained employment		38 1 -
Maintained employment		5 - -
Enrolled in educational program, school		3 - -
Case management		545 188 164
Health care		41 14 26
Good or improved physical health		- - -
Mental health/counseling		30 13 14
Recuperative care		- 1 -
Substance abuse treatment (outpatient)		3 - -

*Total number served from July 2006- June 2009

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2008-09, Fourth Quarter

	Fourth Quarter	To date
Number of applications received	217	1,451
Average number of business days to approve	19	19
Average amount of rental subsidy	\$292	\$291
Number of individuals re-entering program	20	93
Number of SSI approvals	15	94
Percent of SSI approvals	(15/315) 4.76%	7.94%
Number of individuals disengaged from program	77	490

Level 3 Case Management (assessment)

Average case management hours for each participant per month:	5 hours
Total case management hours for all participants during current reporting period:	3,910 hours
Number of cases per case manager:	86 cases

Successes: During this quarter, there were 38 job placements, 15 SSI approvals, and project district offices reported 893 active subsidies for the quarter. An evaluation study of the pilot's outcomes showed that the average length of stay for participants in the pilot program was about seven months. Compared

to a control group, employable participants enrolled in the pilot project were two times more likely to find jobs.

Challenges: It has been difficult to contact homeless participants on the waiting list.

Action Plan: We make every effort to ensure participants provide current and accurate contact information and update the waiting list on a monthly basis.

Client Success Stories:

Success Story #1 - Mr. P had conflicts with this landlord; however, with the early intervention of the Housing Case Manager, the issues were resolved. The HCM encouraged Mr. P to follow-up with medical and SSA appointments. His placement in the housing subsidy afforded him the opportunity to receive and respond to correspondences promptly. Mr. P was approved for SSI this quarter and is very grateful for all the assistance he received from DPSS.

Success Story #2 - Ms. C, a homeless 54-year-old GR participant, was accepted to the GR Housing Subsidy Program last December. Ms. C was very active and enthusiastic in her GROW activities, including her job search. Ms. C was hired full-time by Design for Living Company during this quarter.

11 and 12) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$1.171 million (On-going Funding)

Table C.6 Homeless Release		DPSS-DHS		DPSS-Sheriff	
(unduplicated count) FY 2008-09	FY Total	FY	Cumulative	FY	Cumulative
Homeless Individuals	1,999	414	828	1,585	4,631
Female	806	89	*n/a	717	*n/a
Male	979	325		654	
Transgender	5	-		5	
Hispanic	666	123		543	
African American	876	164		712	
White	423	107		316	
Asian/PI	13	8		5	
Native American	5	2		3	
Other	32	10		22	
16-24	296	18		278	
25-49	1,132	220		912	
50+	356	176		180	
Housing (emergency)	262 (cumulative)	75	75	86	187
Average stay (days)	13	12	-	13	-
CalWORKs (approvals)	51	-	1	25	50
General Relief (w/FS)	2,492	114	290	909	2,202
General Relief only	380	23	77	142	303
Food Stamps only	54	2	5	27	49
SSI/SSDI	25	-	-	25	25
Veterans' benefits	6	-	-	6	6

*Information not available for FY 2007-08.

Table C.7 Program Measures	Cumulative Total	DPSS-DHS		DPSS-Sheriff	
		FY	Cumulative	FY	Cumulative
Total referrals received	8,688	398	812	2,473	7,876
Total referrals accepted	5,625 (65%)	138	424	1,738	5,201
Of the total referrals accepted:					
Total approved	1,079 (FY)	133	*133	1,254	2,646
Total denied	226 (FY)	186	*186	47	133
Total pending release:	1,365 (QTR)	-	*-	1,365	-
Releases/discharges	372	94	239	133	133
Number of applications					
Food Stamps	38	-	1	15	49
General Relief	2,214	137	375	961	2,356
CalWORKs	45	-	1	25	44

Demographic information not provided for all participants

DPSS-DHS Homeless Release Project

Successes: During the last quarter of FY 2008-09 (April - June 2009), the DPSS/DHS Homeless Release Project received and approved the highest number of referrals for the fiscal year.

Challenges: Patients are discharged on weekends, which makes it difficult to connect homeless individuals to this program.

Action Plan: DPSS staff met with private hospital staff to discuss ways to increase the number of referrals. The Department has agreed to retrain private hospital staff on the program referral procedures and other DPSS administered programs.

DPSS-Sheriff Homeless Release Project

Successes: At LASD's request, DPSS agreed that the Eligibility Worker interview area be moved from the attorney's interview area to the Inmate Reception Center (IRC). This has resulted in an increased number of released inmates receiving benefits from the DPSS cashier at the County Men's Central Jail (MCJ).

Challenges: The number of referrals pending at the end of the month, as shown in the monthly reports, continues to increase. When released, many inmates are no-shows at the DPSS district offices to receive same day benefits. Some are applying for benefits at other district offices upon their release, but not as part of the homeless release project.

Action Plan: Civic Center/MCJ and South Central/Century Regional Detention Facility (CRDF) will receive a reminder to inform inmates at the interview that same day benefits are available for a period of 60 days after release. MCJ inmates may obtain same day benefits at all other district offices, when they provide the Homeless Release Referral form and/or inform the District that they are part of the DPSS/Sheriff Homeless Release Project. Inmates released from CRDF must show at South Central District office to obtain same day benefits.

13) Homeless Recuperative Care Beds

Goal: Provide recuperative care services to homeless individuals being discharged from area hospitals and assist participants with accessing transitional or permanent housing, ongoing health care, and other resources and supportive services.

Budget: \$2.489 million (One-Time Funding)

Table C.8 : Homeless Recuperative Care Beds Participants and Services					
FY 2008-09					
(unduplicated count)	Qtr	Cumulative		Qtr	Cumulative
Homeless Individuals	72	280	Housing (permanent)	6	*32
			Housing (transitional)	13	*32
Female	14	43	Housing (emergency)	10	*31
Male	57	235			
Transgender	-	2	General Relief only*		11
			Medi-Cal/Medicare*		7
Hispanic	25	46	SSI/SSDI*		7
African American	27	68			
White	19	50	Case management	72	280
Asian/Pacific Islander	-	2	Health care	72	280
Other	1	17	Life skills*		12
(race doesn't include two quarters; updating)			Mental health/counseling		1
16-24	3	4	Recuperative care	72	280
25-49	30	173	Transportation*		70
50+	35	175	Substance abuse (outpatient)*		2
				Quarter	Cumulative
Number of patients referred for recuperative care beds				85	356
Number of patients admitted to recuperative care services				72	280
Number of patients who were discharged from recuperative care services				83	249
Number of patients who were assigned to a primary health care provider during recuperative care stay				72	280
Average length of stay for patients in recuperative care program (days)				18	31
Percent decrease in ER visits 6 months after receiving recuperative care				-	32%
Percent decrease in inpatient admissions 6 months after receiving recuperative care				-	73%
Emergency Housing/Case Management					
Average stay at emergency/transitional housing:				31 days	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				6 hours	
Total case management hours for all participants during current reporting period:				480 hours	
Number of cases per case manager:				25 cases	

* Specific discharge and service data through December 2008 only; program staff is updating.

Successes: The Recuperative Care program **served 280 unduplicated individuals** to date, from April 2008 to June 2009. At the end of this quarter, a six-month pre- and post- analysis was conducted on the participants served who received recuperative care services at least six months prior to the analysis. For these recuperative care participants, a pre-/post- comparison showed a **32% reduction in ER visits and a 73% reduction in inpatient hospitalizations**. In addition, there was a **43% decrease in the number of participants who utilized the ER and a 73% decrease in the number of participants who required hospitalization**.

Challenges: The most significant challenge continues to be the lack of available and appropriate housing after discharge from recuperative care. In addition, a few recuperative care participants leave the facility and do not return.

Action Plan: Increased efforts to link recuperative care services with permanent housing opportunities are continuing. Eligible participants who are frequent users of DHS inpatient and/or ER services can be referred into the Access to Housing for Healthcare program. The newly hired recuperative care director at JWCH is now overseeing program activities and is working on addressing the identified challenges. DHS staff provided technical assistance to the program director and the recuperative care clinical team members and will continue to provide assistance as needed. DHS will continue to meet with JWCH management staff to discuss program status and progress. DHS also will continue to work with the program director to improve data collection and reporting activities.

Client Success Story: Mr. G is a 49-year-old Hispanic male who was hospitalized at a County facility for acute respiratory failure due to a neurological disorder. He was referred to the JWCH Recuperative Care program by a hospital social worker and admitted into the program in May 2009.

Mr. G was homeless for one year prior to his hospitalization. Prior to becoming homeless, he was renting a room from a friend. When his friend was no longer able to pay the mortgage, Mr. G was suddenly faced with being homeless. Mr. G began to live in his truck at that time and eventually lost his job, although he continued to seek small jobs whenever possible.

When admitted into the Recuperative Care program, Mr. G had no source of income and no medical insurance. A recuperative care case manager assisted Mr. G with successfully accessing General Relief (GR) benefits and completing applications for transitional/permanent housing and other benefits and resources. Mr. G learned to effectively manage living on very limited funds and participated in the program's budget management services. He was able to save enough money to purchase personal necessities and a cell phone to assist him in following up with appointments and searching for employment.

When first discharged from the hospital, Mr. G had much difficulty walking and required time to adjust to his medical condition and to work on increasing his physical strength and mobility. The recuperative care clinical team continued to provide medical oversight and monitoring of the client's progress. In June 2009, one month after his admission to the recuperative care program, Mr. G was accepted into the Salvation Army's two-year transitional housing program in Bell.

Mr. G continues to deal with physical disabilities and generalized body weakness, but he is now able to walk without assistance. He informed the program staff that he continues to work out daily at the gym, located on-site at the Salvation Army facility, to build up his strength and reported that he is feeling much better. The client has recently requested follow-up assistance from the recuperative care case manager to access mental health services. He has been referred to outpatient services through the Department of Mental Health (DMH). Mr. G is currently seeking employment as a personal or small truck driver. He is planning to eventually travel to Washington D.C. and reunite with his sister.

14) Housing Specialists - DMH

Goal: Assist homeless individuals, families, and TAY to obtain and maintain permanent housing.

Budget: \$923,000 (annually in MHSA funding)

Table C.9: Housing Specialists Program Specific Measures

FY 2008-09 (duplicated count)	FY 2008-09	FY 2007-08
Number of referrals to program	842	n/a
Number of property owners contacted	360 (QTR)	898

Successes: The Department of Mental Health (DMH) sustained additional funding to supplement the Move-in Assistance component of the Countywide Housing Assistance Program for FY 2008-09 through the Mental Health Services Act. The Move-in Assistance component provides financial assistance to homeless individuals with a mental illness moving into permanent affordable housing. This program, funded through the Projects for Assistance in Transition from Homelessness (PATH) grant, received a significant reduction in funding for FY 2008-09. By identifying other funding streams, DMH was not forced to reduce the number of individuals and/or families served through these programs.

Challenges: The DMH is continuously challenged with identifying affordable permanent housing. The Department has grants from the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA) for Homeless Section 8 applications, which have

returned over 100 applications submitted to DMH due to reaching capacity in the Section 8 program. A limited number of federal housing subsidies is available for DMH clients through Shelter Plus Care.

Action Plan: During the 2008 Continuum of Care process, DMH applied for and was granted additional Shelter Plus Care and Homeless Section 8 certificates/vouchers through HACLA and HACoLA. The Department is waiting for the certificates/vouchers through the new grants to become available.

Client Success Story: The Housing Specialist in Service Area 3 has been working with a client who receives services through Arcadia Mental Health Center's Full Services Partnership Program. The client has a long history chronic homelessness, living in his car. He suffers from mental illness and multiple health issues. His health required him to go to a County hospital where he learned that he needed major surgery. Knowing that living in his car was not an appropriate environment for him to recover after major surgery, the Housing Specialist assisted the client with applying for and obtaining a Section 8 housing voucher and an adequate apartment. The client was able to move in his apartment before his surgery, and after his operation he returned to a nice, warm place where he could recover properly in a timely manner. He is now living in his apartment with the goal of maintaining his housing as he recovers from surgery.

Table C.10: Participants and Services

FY 2008-09 and FY 2007-08

	FY 2008-09	FY 2007-08
Chronic homeless individuals	79	-
Homeless individuals	804	2,343
Homeless families	58	255
Transition age youth	12	142
<i>Demographics not provided for all participants in families</i>		
Female	520	*n/a
Male	429	
Transgender	8	
Hispanic	321	
African American	316	
White	223	
Asian/Pacific Islander	25	
Native American	3	
Other	45	
16-24	6	
25-49	896	
50+	18	
	FY 2008-09	Cumulative
Moving assistance	94	142
Eviction prevention	5	10
Housing (emergency)	498	1,305
Housing (transitional)	264	567
Housing (permanent)	238	555
Rental subsidy	111	215
Section 8	191	*191
Mental health	458	*458

*Information not available for FY 2007-08.

15) Just In-Reach Program

Goal: Engage homeless nonviolent inmates upon entry into jail. Develop a release plan that coordinates an assessment and links clients to supportive services, benefits, and housing options upon their release. Case management team works with clients to obtain employment and explore rental subsidy eligibility.

Budget: \$1,500,000 (One-Time Funding)

Table C.11 : Just In-Reach Program
FY 2008-09

(duplicated count)	FY		FY
Homeless Individuals	198	Housing (emergency)	12
Chronic Homeless	257	Housing (transitional)	105
		Housing (permanent)	53
		Moving assistance	5
Female	127	Job training	232
Male	257	Job placement	24
		Education	20
Hispanic	110	Life skills	4
African American	175	General Relief (Food Stamps)	42
White	135	General Relief only	47
Asian/Pacific Islander	9	Food stamps only	32
Native American	3	Veterans' benefits	7
Other	49	Case management	330
(not for all participants)		Health care	8
		Mental health care	10
16-24	75	Substance abuse, outpatient	38
25-49	443	Substance abuse, residential	65
50+	87	Transportation	66
		Legal advocacy	86
Program Specific Measures			FY
Number of participants who received intake/enrollment			452
Number of participants who received intake/enrollment within 72 hrs of initial interview			298
Number of participants who did not complete program (exited prior to completing)			118
Number by violent crime			132
Number by non-violent crime			322
Number by area of residence prior to incarceration (most frequent residence)			-
Number by area of residence prior to incarceration (second most frequent residence)			-
Number of times in County jail			492
Number of times in State prison			65
Number of participants with a service plan			1,902
Number of participants with a service plan within a week from intake/enrollment			1,902
Number of referrals provided to participants by type:			
- Service(s): Case management, health/medical care, mental health, substance abuse treatment, transportation, and mentoring			330
- Benefit(s): CalWORKs, General Relief, Food Stamps only, Section 8 and/or Shelter Plus Care, SSI/SSDI, Medi-Cal, Veterans			453
- Job/education related service(s): Job training, employment referrals, education			453
Number of participants who do not return to jail			335
Emergency Housing/Case Management			
Average stay at emergency/transitional housing: (103 participants)			88 days
Level 1 Assisted/Supported Referral and Counseling case management services			
Average case management hours for each participant per month:			2 hours
Total case management hours for all participants during current reporting period:			1,448 hours
Number of cases per case manager:			59 cases

Longer-term Outcomes (6 or more months) at end of FY 2008-09

Maintained permanent housing	28
Obtained employment	19
Maintained employment	4
Enrolled in educational program, school	5
Case management	166
Health care	15
Mental health/counseling	23

Successes: The Just In-Reach program (JIR) has assisted in placing 156 homeless or chronically homeless inmates into transitional or permanent housing during the program year. With partnerships with other agencies, JIR has contributed directly toward move in costs for placements in permanent housing. Staff continue to work with clients after housing placements to provide them the necessary supportive services to continue their success. The JIR program continues to establish its name and reliability within the court systems and other Probation, Parole and Public Defender's offices resulting in participants being released to our program as an alternative to jail/ prison. Staff accompany clients to court dates and appointments to advocate for their alternative placement into a program. The recidivism rate of clients enrolled in the program is averaging 34% for the first year which is less than half of the recidivism rate for the general population of the County Jail system (70%). JIR continues to hold weekly housing and employment readiness groups at the jails with the groups ranging from 5 to 65 participants in size. JIR staff participate in structured staff trainings that are approved by the Sheriff's Department in order to stay current on and consistent with best practices for the clients.

Challenges: The program continues to see a very high enrollment rate. Although the Sheriff's Department and JIR administration worked on an attempt to be more selective when assessing and enrolling clients, a large number still met the minimum criteria and were not subsequently turned away. Due to the high amount of participants, JIR staff struggles to find time to maintain contact with those who are not making an effort to follow up with their case managers. The high enrollment causes large drops offs from continued case management, employment, and housing services. For example, when a client receives the initial case management session and enrollment, they are left to follow up on their own with connecting services. Staff carry extremely high caseloads and are not always able to effectively transition a client from intake to our employment and housing specialists, before we lose contact. Through the first program year, the Sheriff's Community Transition Unit (CTU) referred 927 inmates to the JIR program which indicates the mass amounts of clients the front line case managers are trying to serve.

The maintenance of the data continues to be challenging. During the entire program year, JIR have met with their database contractor, in an effort to alleviate these issues. After this first year it will be suggested that up to 75% of the data be reentered under a new program written for JIR specifically.

Relationships and functionality continue to improve between JIR staff and Jail personnel. There are some areas that remain fragmented such as the Pitchess Detention Center. Staff continue to have space issues and do not have adequate work space at this location. It is also the location that utilizes the JIR program the least. Part of this is attributed to its size and difficulty from getting from one section of inmates to another. JIR staff will continue to work with LASD to alleviate the problem.

Action Plan: JIR has begun incentive plans for participants during their initial contact and have stated that we require a strong commitment from the client before they are entered into the program. Incentives have included transportation and store credits for simply returning for a case management session post release. Although enrollment level remains high, it did trend lower for the last quarter. JIR does not have adequate staff to maintain these high levels, but they have remained fully staffed for the past six months. JIR also added a Coordinator position that will assist in the management and data collection for this program. JIR staff has participated in employment training, housing training, anger management and crisis intervention, which has been incorporated directly to the clients. In addition, staff participated in an extensive training from a collaborative that runs the similar program with six years of practical experience. JIR, LASD and County staff continue to work with this outside collaborative in an effort to reach the efficiency and outcomes that the older program is able to achieve.

Client Success Story: A female client from the Central Regional Detention Center Facility in Lynwood entered the JIR program as a frequent user of the County Jail and emergency shelter systems. She was very hesitant and non-cooperative in the beginning and would not return correspondence from staff. No less than five JIR staff members worked with her until she finally felt comfortable with one of them. She was initially given shelter at the Union Rescue Mission in downtown. She was actively involved in the Volunteer Services Program, working in the URM warehouse. She continued working with the Housing Specialists and was eventually placed on a waitlist for Skid Row Housing Trust. JIR staff had begun building relationships with agencies such as SRHT in an effort to show support for clients that come through the JIR program. During her time on the waitlist, she worked with our Employment Specialist and she was linked with the L.I.T.E. program where she perfected her resume. The L.I.T.E. Program is a collaborative between the Skid Row Development Corporation and Volunteers of American (VOA) to provide a portal in Skid Row to Worksource Centers. The program provides assistance with resume writing, creating email accounts, and offers Saturday computer classes.

The client then applied for a job and was just recently offered a full-time position. After a few months, she secured an apartment in the Simone Hotel (part of Skid Row Housing Trust). JIR covered her basic move-in costs and provided housing necessities. JIR staff continues to meet with her on a regular basis to ensure her continued success.

16) Long Beach Services for Homeless Veterans

Goal: Assist veterans with housing, employment, SSI/SSDI, and legal issues such as child support. The program provides case management, outreach, and mental health services.

Budget: \$500,000 (Ongoing Funding)

Table C.12 : Long Beach Services for Homeless Veterans
FY 2008-09

	FY		FY
Homeless Individuals	532		
Chronic Homeless	74	Education	10
Homeless Families	4	Job training	3
Female	81	General Relief (and Food Stamps)	9
Male	529	General Relief	6
		SSI/SSDI	6
Hispanic	124	Veterans' benefits	19
African American	206	Case management	83
White	220	Health care	7
Asian/Pacific Islander	30	Mental health	28
Native American	4	Substance abuse (residential)	6
Other	26	Transportation	95
		Life skills	13
16-24	42	Other	
25-49	340	Credit repaired	18
50+	230	Legal services	4
		Drivers license reinstated	13
Moving assistance	4		
Housing (emergency)	64		
Housing (transitional)	21		
Housing (permanent)	6		
Rental subsidy	12		
Program Specific Measures			FY
Number of mental health coordination activities conducted			39
Number of mental health assessments provided to homeless veterans by MHALA			21
Number of meals provided to homeless veterans. (includes food/meal vouchers)			64
Number of homeless veterans whose child support payment was eliminated or reduced by SPUNK			28
Number of outreach sessions conducted by U.S. Vets and DHHS			14
Number of homeless veterans contacted through outreach sessions by U.S. Vets and DHHS			360
Number of outreach sessions conducted with veterans recently returning from tour of duty			5
Number of mental health educational pamphlets developed			2

Successes: The partners of the Long Beach Homeless Veterans Initiative ("HVI") – City of Long Beach ("City"), Mental Health America ("MHA"), Single Parent United N Kids ("SPUNK"), and United States Veterans Initiative ("US VETS") – continue to meet regularly and implement comprehensive outreach and service delivery for homeless veterans. To support the goals of HVI, the partners continue their collaborations with other agencies such as Veterans Affairs ("VA") Long Beach Healthcare System, Legal Aid Foundation of Los Angeles and the University of Southern California ("USC") Military Social Work and Veteran Services Program in the School of Social Work. The Mental Health Coordinator, based in the City of Long Beach, Department of Health and Human Services ("Long Beach Health Department"), continues to collaborate with the Los Angeles County Department of Mental Health to evaluate future funding sources associated with Mental Health Services Act dollars.

This quarter, the four partner agencies of the HVI served 369 veterans, including two veterans with families, with a variety of services that include outreach, case management, child support reduction, mental health interventions and housing. (NOTE: For the two families, demographic information was only provided on the head of the household.) MHA Homeless Assistance Program staff continued their outreach efforts with the implementation of a new group (The White Bison) that provides another door for veterans to enter into recovery and wellness services, specifically for veterans who have previously been unwilling to engage in services. During the 4th quarter, SPUNK engaged 25 clients with a total of 28 cases (two clients had more than one case). Of those cases, SPUNK w closed 14 cases with a total arrears savings of \$211,912. The Long Beach Multi-Service Center ("MSC"), operated by the Long Beach Health Department, continues to outreach to veterans through a variety of activities, including traditional street outreach, as well as participation in community events such as a Veterans Appreciation Day, held on June 24th at Veterans Park in Long Beach. Information regarding Veterans' Homeless Services was provided at the Veterans Appreciation Day event. US VETS, working in conjunction with the VA Long Beach Healthcare System, Homeless Program, continues to place veterans into their own apartments through the HUD-Veterans Affairs Supported Housing ("HUD-VASH") voucher program. Following is a breakdown of agency referrals to the HUD-VASH voucher program for Long Beach:

- 40% from the Villages at Cabrillo
- 40% from the VA Long Beach Medical Center; and
- 20% from Homeless Services community agencies, such as: Multi-Service Center, Mental Health America and the Long Beach Housing Authority

The Mental Health Coordinator held a citywide mental health fair, "Healthy Minds, Healthy Body" on May 9, 2009. The event was co-sponsored by California State Assemblymember Bonnie Lowenthal, Long Beach Health Department and Second District Councilmember, Suja Lowenthal. This event, held at Bixby Park in Long Beach, was attended by an estimated 300 people. Planning partners included Community Hospital of Long Beach, St. Mary's Medical Center, VA Long Beach Medical Center in Long Beach, The Children's Clinic, MHA Village Integrated Service Agency, National Alliance on Mental Illness, City's Center for Families and Youth, Los Angeles County Department of Mental Health, Choices Recovery Services and the Wellness Center. Over 50 agencies participated in this event, which featured health information booths, educational sessions, entertainment, health screenings, mental health advocacy, and anti-stigma information.

In addition, the Mental Health Coordinator continues to lead a variety of projects designed to provide better access to mental health services in Long Beach. During this quarter, the Mental Health Coordinator developed a Long Beach mental health resource directory and two mental health brochures. The formation of a Discharge Collaborative group is being initiated; this collaborative will include representatives from area hospitals and clinics, as well as the City Fire and Police departments. The primary goal of this collaborative is to reduce recidivism of homeless clients in emergency public health systems.

Challenges: The HVI project has faced challenges in program staffing that have been corrected. MHA experienced the transition of a full-time Nurse Practitioner to a .75 Nurse Practitioner. HVI outreach staff members report that many of the veterans encountered are already connected to veteran benefits. Additionally, affordable housing options for HVI veteran clients have been challenging to identify.

Action Plan:

The HVI partners will:

- Utilize Homeless Management Information System (HMIS) to allow for better tracking and coordination of homeless veterans.
- Further coordinate efforts to outreach to homeless veterans and identify affordable housing options.
- Develop the Discharge Planning Collaborative and continue participation in MHSA related activities.
- Continue to seek additional funding for mental health and/or veteran services/housing.
- Enhance housing stability for veterans in Long Beach by leveraging resources available under the 2009 American Reinvestment and Recovery Act ("Recovery Act"). One potential Recovery Act resource is the Homelessness Prevention and Rapid Re-Housing Program ("HPRP"); the City was allocated \$3,566,451 for HPRP.

Client Success Stories:

An Operation Iraqi Freedom/Operation Enduring Freedom veteran (OIF/OEF) was living on the streets prior to entering the US VETS Veterans Reentry Program (VRP, formerly Recently Separated Veterans program). While in the program, the client received mental health support to deal with combat-related Post Traumatic Stress Disorder (PTSD). With the help and guidance of his case manager, he received a HUD-VASH voucher and was able to get his own apartment. The client is now a student at National Polytechnic College of Science, where he is enrolled in an advanced diving paramedic course. The client continues to receive case management services and demonstrates good academic commitment to his education.

In March, the Veterans Case Manager and Outreach Coordinator received a call from the East Division of the Long Beach Police Department regarding a homeless male living near the City's water treatment plant. The 68-year-old Hispanic male was reported to have been living by the plant for over nine years. Over the next 30 days, the case manager was able to locate a vacancy in a senior housing program, and assist with his security deposit through the HOME Program. The case manager also coordinated a furniture donation for the apartment, which was fully furnished before the individual moved in. The individual reported that he was extremely happy to move into his new apartment and was very grateful for all the help he had received. He stated that he was happy that he was now able to make his own coffee rather than walking a mile for a fresh cup. The individual has retained his permanent housing for 60 days.

The MHA outreach staff has been working with a homeless veteran for the past several months. The client suffers from multiple medical problems, co-occurring disorder, and has been very difficult to engage. Recently, he confided to outreach workers that he was ready to check himself into a substance abuse rehabilitation program. The client requested assistance from the outreach staff with the admission process. Medical clearance was obtained through collaboration of the outreach worker, nurse practitioner and registered nurse, allowing him to enter substance abuse rehabilitation program in early July.

17) Los Angeles County Homeless Court Program

Goal: Assist homeless individuals with clearing outstanding tickets, fines, and warrants upon successful completion of rehabilitation recovery programs for mental health, substance abuse and/or other issues.

Budget: \$379,000 (On-going Funding)

Table C.13 : Los Angeles County Homeless Court Program Participants					
FY 2008-09					
	FY Cumulative			FY Cumulative	
Homeless Individuals	1,034	1,188	Hispanic	245	281
			African American	540	618
Female	351	402	White	197	231
Male	681	783	Asian/Pacific Islander	15	15
Transgender	2	3	Native American	5	6
			Other	32	37
			15 and below	-	-
			16-24	80	96
			25-49	677	768
			50+	277	324
Program Specific Measures				FY	Cumulative
Number of Los Angeles County Homeless Court motions received				3,055	3,389
Number of program participants whose qualifying motions are submitted to and filed by Superior Court, and resolved within 30 days of submission				3,054	3,389
Number of audited records in the Superior Court's automated case management systems (TCIS/ETRS) that are accurate				100%	100%
Number of motions that are granted by Superior Court				87	147
				93%	
Number of motions that are denied by Superior Court				3,002	3,325
				99%	
Number of individual cases filed under the Los Angeles County Homeless Court				8	8
Number of participants whose applications are submitted to the Los Angeles County Homeless Court within 30-days of initial contact with participant				3,493	3,893
Number of participants that have Los Angeles County citations or warrants dismissed upon program completion				961	1,115
Number of participants who complete at least 90 days of necessary case management, rehabilitative, employment or mental health services before their first appearance in Court				996	1,122
Number of case managers who receive training on Los Angeles County Homeless Court benefits, application and eligibility requirements, and legal resources				1,006	1,160
				789	965

Successes: During this quarter, the program successfully implemented a new procedure for handling Homeless Court motions for the City of Long Beach and City of Burbank. In the past, there were long delays in resolving citations from these cities because they did not have court clerks dedicated to processing Homeless Court motions. Rather than continue to place the burden of processing these motions on the local city prosecutors and court clerks, a procedure was developed whereby Homeless Court staff prepares all motions for the City of Long Beach and City of Burbank prosecutors to sign and then sends them to the Superior Court's Homeless Court clerks to be processed. Since implementing this new procedure, a significant improvement in the processing time for Long Beach and Burbank motions has been achieved, and Public Counsel plans to develop similar procedures for other jurisdictions.

Superior Court acted as a liaison between Public Counsel and the Inglewood and Burbank City Attorneys to expand program benefits for the clients among those prosecutors.

Challenges: One challenge is the recent increase in the number of applications submitted for clients who are ineligible for Homeless Court as a result of having received a recent citation (within six months prior to applying to Homeless Court). Clients also may be determined ineligible due to having previously participated in Homeless Court, having an outstanding felony warrant, or having no outstanding citations

that can be resolved through Homeless Court, although these reasons are less frequent. For every application received, Homeless Court staff must complete a comprehensive criminal record review to determine whether or not the client is eligible for Homeless Court. Therefore, case managers are required to pre-screen their clients for eligibility prior to submitting an application. When a case manager submits an application for a client who clearly is not eligible, based on the criteria outlined on the application form itself as well as in the case manager instructions, it creates delays in the processing of eligible applications. Another ongoing challenge involves case managers submitting old versions of the Homeless Court application and not collecting all of the information necessary for reporting requirements. Although the missing information is usually gathered through reviewing clients' criminal records and following up with referring case managers, this creates an additional administrative burden and slows processing of applications. The program continued accepting some old versions of the application while providing case managers with the updated version so as not to delay clients' access to Homeless Court. However, old versions continue to be received despite efforts to widely distribute the updated application.

Superior Court: In keeping with one of the main purposes of the HPI grant money allocated to the Court, Public Counsel is now working with prosecutors to redirect motions filed on behalf of the clients to the Central Arraignment Courts. One point of contact in the Court for Public Counsel is resulting in more efficiency in judicial and clerical processing, and another point of contact allows for resolving of issues.

Action Plan: The program plans to address the challenges described above through continued outreach and training of case managers. Trainings emphasize the importance of case managers thoroughly screening clients to ensure that they meet all eligibility requirements before submitting an application on the clients' behalf. Case managers are provided with information about how to use the Superior Court's traffic website to verify whether their clients have received recent citations. Case managers are encouraged to contact the Homeless Court office to consult prior to submitting an application if they are unsure as to whether the client is eligible for Homeless Court. Finally, the program stresses the importance of using the most recent application and inform case managers that if they use an old form the application may be returned to them unprocessed.

Superior Court: With existing resources, Public Counsel and Superior Court worked closely together and changed practices to accommodate a larger number of clients during graduation ceremonies. The Central Arraignment Courts retrieve case information for every motion received from Public Counsel prior to presenting it to the judicial officer for review and determination. Some case information is readily available while other information must be retrieved from other work units. At times not all the work for individual clients is processed at the same time--the choice of waiting to get all the case information and submit it to the judicial officer for review, or to submit work as it becomes ready for review. Superior Court continues to work with Public Counsel to resolve discrepancies over motions submitted from the various prosecutors. These discrepancies include: maintaining a log of motions received; ensuring the motion is complete; receiving signed copies of the motions by the judicial officers; and, resolving questions on recordkeeping or notification to other agencies. Superior Court and Public Counsel continue to work together to resolve inconsistent handling of motions by participating prosecutors. This includes resolving outstanding warrants, fines/fees and pending charges that were not previously identified until after the client participated in the program.

Client Success Story: Client D was referred to Homeless Court by his counselor at a substance abuse treatment program. He had numerous unresolved traffic citations and his driver's license had been suspended. Through Homeless Court, the client's outstanding citations were resolved, and he was able to get his driver's license reinstated. His experience in treatment inspired him to help others struggling with substance abuse. He is now living independently and working full-time as a counselor at a substance abuse treatment program similar to the program he participated. With his driver's license reinstated, he commutes nearly 100 miles to work from his home. Client D frequently submits applications to Homeless Court on behalf of his clients.

18) Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program

Goal: Assist individuals to move into permanent housing.

Budget: \$1.1 million (One-Time Funding)

Table C.14: Moving Assistance for Single Adults Program Measures FY 2008-09				
(unduplicated count)	FY	Cumulative		FY
Homeless Individuals	421	599	Female	192
			Male	229
Number applications received	421	599		
Moving assistance approved	127	190	16-24	19
Percent applications approved	30%	32%	25-49	216
Average days to approve	12	*20	50+	186
Average amount of grant	\$722	*\$575	Hispanic	54
			African American	253
			White	93
General Relief (w/FS)	166	n/a	Asian/Pacific Islander	1
General Relief only	9	n/a	Native American	15
Food Stamps only	9	n/a	Other	5
Medi-Cal/Medicare	1	n/a		
SSI/SSDI	20	n/a	Number remaining in housing (after six months)	41
Section 8	1	n/a		
Shelter Plus Care	10	n/a		
Veterans' benefits	2	n/a		

* FY 2007-08 average

**FY 2007-08 data not available

Successes: The program maintained a steady increase in the number of referrals for this reporting quarter.

Challenges: To date, the program is still experiencing a low number of approvals despite the increase in referrals.

Action Plan: The program plans to continue the outreach efforts at transitional shelters and other agencies that provide services to the homeless population.

Client Success Story: Mr. D is a mentally challenged participant who was successfully placed in permanent housing after availing of the HPI Move-In Assistance funds to pay for a security deposit.

19) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.15: Project 50 Participants and Services
FY 2008-09

(unduplicated count)	YTD	Cumulative		YTD	Cumulative
Chronic Homeless Individuals (ever housed)		53	Education	2	2
Female	3	5	Job training/referrals	-	2
Male	5	47	Job placement	2	2
Transgender	-	1	General Relief (GR,FS)	-	10
			General Relief only	4	7
Hispanic	-	11	Food Stamps	-	1
African American	3	43	Medi-Cal/Medicare	10	16
White	3	6	Section 8	-	1
Asian/Pacific Islander	-	-	Shelter Plus Care	5	41
Native American	-	-	SSI/SSDI	10	31
Other	1	1	Veterans	-	8
25-49	-	16	Case management	38	41
50+	11	37	Health care/medical	37	41
Eviction prevention	8	8	Mental health/counseling	35	38
Housing (emergency)	-	41	Social/community activity	-	30
Housing (permanent)	6	53	Substance abuse (outpatient)	-	20
Rental Subsidy	-	41	Substance abuse (residential)	5	14
Moving assistance	1	1	Transportation	-	35
			Legal Services	-	11
Longer-term outcomes (12 months)			Quarter		
Continuing to live in housing				41	
Receiving rental subsidy				41	
Obtained employment				2	
Maintained employment				1	
Enrolled in educational program				2	
Case management				41	
Health care				41	
Mental health/counseling				34	
Substance abuse treatment (outpatient)				30	
Substance abuse treatment (residential)				5	
No drug use				14	
Reunited with family				3	
Case Management			Quarter		
Level 3 case management services					
Average for each participant per month:				5 hours	
Total hours for all participants:				95 hours	
Number of cases per case manager:				19 cases	

Program Specific Measures	Quarter	Cumulative
Number of participants who exited housing	-	11
Number of participants developing individualized treatment plans	5	41
Number of participants participating in a housing retention group	-	30
Number of Project 50 participants having arrests	3	15
Number of Project 50 participants having hospitalizations	3	15
Number of Project 50 participants having an emergency room (ER) visit	2	6
Number of Project 50 participants with increased income (i.e., due to SSI/SSDI, GR)	3	16

Successes: As of March 31, 2009, Project 50 maintained 41 people in housing. A total of 53 individuals have ever been housed. This month, the program was able to obtain non-Skid Row housing for one Project 50 participant. This was a major undertaking that involved cooperation from many agencies including DMH, HACLA, SRHT and JWCH social services. The program was able to maintain housing for two participants who were about to be on the streets again. Five people were housed this quarter and two more are in line for housing. A new social worker was hired, and a new Team Leader was successfully recruited. The counselors have proven to be very helpful in working with the drug addicted population.

Client J was able to obtain Section 8 housing out of Skid Row. A long term "crack" abuser who almost lost his housing was sent to rehab. Six people who were in danger of losing housing were managed and stayed.

Challenges: Keeping difficult people in housing is the major challenge of the project. Program participants continue to be a challenge with their significant needs and the high degree of support they require. Working as a team, the Project 50 staff has had significant success in maintaining housing for the chronic homeless.

Continued substance abuse, poor money management.

Action Plan:

- Utilize other agencies to assist in locating appropriate potential participants for housing. The Project 50 staff have refreshed the Registry to concentrate outreach and engagement activities on an ongoing basis;
- Encourage staff stability, maybe have a process group for participants to deal with loss;
- Continue to add participants to our list until we have 50 currently housed.
- Obtain money management for P50 participants and continue substance abuse groups.

Client Success Story: Project 50 staff has housed five chronically homeless in the last quarter. Several have had over twenty five years of homelessness. One client had not slept in a bed in twenty years.

Client E had a plan to motivate himself to stop using drugs. He was not going to re-certify with HACLA, be evicted and then muster the courage to go into rehab. After much work by the staff, he agreed to re-certify and go into rehab where he has been a great success.

20) Santa Monica Homeless Community Court

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000

Table C.16: Santa Monica Homeless Community Court Participants and Services
FY 2008-09, Cumulative (February 2007 – June 2008)

(unduplicated count)	Cumulative	*Cumulative
Chronic Homeless Individuals	155	15 and below 25-54**
Female	49	55+
Male	106	Housing (emer/trans)
		Housing (permanent)
Hispanic*	17	Rental subsidy
African American	34	
White	102	Alternative court
Asian/Pacific Islander	3	Case management (level 3)
Native American	1	Mental health
Other	15	Substance abuse (outpatient)
		Substance abuse (residential)
Program Specific Measures		Cumulative
Total number of clients who have enrolled in Program		155
Number who participate that have citations or warrants dismissed upon completion		118 (72%)
Number who receive an emergency shelter bed and remain for two weeks or longer		35 (53%)
Number who accessed psychiatric and/or mental health services, received their mental health services at a DMH facility within the six-month program period (February-June 2009)		24 (37%)
Number who enter residential treatment complete a substance abuse program of 90 days or longer		24 (71%)
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program		70% reduction
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)		24 (92%)
Average length of stay in emergency housing:		14-160 days

*Latino is not categorized as a distinct race by Santa Monica Homeless Community Court

** Age range is categorized differently by Santa Monica Homeless Community Court.

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is its relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and social worker, provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming directly from mental health symptoms. A secondary but lasting benefit of the Edelman collaboration is

streamlining the eventual transfer of client services from in-office services at the Homeless Services Center to long-term mental health care at Edelman or other Department on Mental Health facilities.

Exodus Full Service Partnership has been another valuable collaborator with the Homeless Community Court Program. A dually diagnosed client referred to this program was rapidly entered into intensive services with an outreach case manager. Working in tandem with Homeless Community Court and Exodus staff, this client was able to access a full range of services including psychiatric care, substance abuse treatment, emergency shelter, and permanent housing at a sober living. The Full Service Partnership's collaboration with Exodus Mental Health Urgent Care Center accelerated the client's access to mental health services and dealt with acute mental health situations. This collaboration has also contributed to St. Joseph Center's familiarity with the services offered by Exodus Urgent Care, benefiting the agency more generally.

Building on the success of our Chronic Homeless Program (CHP), the program has managed to link many CHP participants to the Court which has resulted in the removal of barriers and has allowed for the successful transition by clients to the next phase of their lives.

Continued collaboration between service providers, police and fire has allowed the program to continue engaging clients in the field and seizing opportunities to refer them to the program, when it appears they will be receptive to services.

The program's talented Public Defender is greatly appreciated not only by the Resource Coordinator but also by our service providers. She creatively strikes a balance between advocating for her clients and using her motivational interviewing techniques to help clients see the benefits of connecting to services.

Challenges: The voluntary nature of the program allows many of the most chronic, high users of police, fire and social services the opportunity to opt out of the program. These are the very people the program had wished to engage in services using the authority of the Court. Experience has shown that many of the most chronic homeless do not want to access services. Moreover, the voluntary nature of the program does not allow the program to use the authority of the Court to connect individuals to much needed resources, including: mental health, psychiatric, medical, substance abuse and monetary assistance programs – all of which can be barriers to stabilizing clients, housing them and helping them maintain their housing.

Action Plan: The Court will only accept participants cited with quality of life crimes – misdemeanors and infractions. The Court will not accept felons or sex offenders. The very nature of the crimes, misdemeanors and infractions, prevent the court from following participant for extended periods of time and result in citations being dismissed with limited client progress. Greater oversight by the Court could have a very positive influence on participants and result in better outcomes. Currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts both substance abuse treatment and housing placements. Indeed, because of Case Management initiated by the Court, some individuals may achieve outcomes months after their exit from the program.

Court participants would benefit from a more directive tone and more exact prescriptions from the Court. While this has improved, the program continues to need progress in this area. The court appointed psychiatrist linked with the program supports this change in tone of court orders, and feels that it would result in greater client success. Furthermore, it would lend more objective finality to the process, taking out a great deal of ambiguity for the client.

21) Santa Monica Service Registry**A) Step Up on Second****Budget:** \$ 518,000 (Board Approved – Third District)**Table C.17: Step Up on Second, Santa Monica Service Registry
FY 2008-09**

(unduplicated clients)	FY		FY
Chronic Homeless Individuals	25	Moving assistance	4
		Housing (transitional), 30-60 day stay	7
Female	8	Housing (permanent)	7
Male	17	Rental subsidy	1
Hispanic	5	General Relief with Food Stamps	1
African American	5	Medi-Cal/Medicare	1
White	13	Case management	22
Other	2	Health care	3
		Life skills	12
25-49	12	Mental health care	14
50+	13	Social/community activity	15
		Transportation	13
		Substance abuse treatment (outpatient)	3
		Substance abuse treatment (residential)	2
Case management level 3			QTR
Average hours per case:			3
Total number of hours:			225
Caseload per case manager:			6
Number of participants who have enrolled (entered) into program during the reporting period			14
Number of participants who left the program during this period			2
Total number currently enrolled in program			23
Number of clients who received an assessment (if applicable)			1
Cost per participant			\$6,853
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning/end of the quarter			n/a

Successes: The program referred clients to appropriate services, provided transportation and/or bus tokens to allow clients to maintain appointments, and provided appropriate resources for medical care. Five clients were placed into permanent housing and received support and life skills training to allow them to live independently. One participant maintained employment at six months, three continued to receive case management, and four continued to receive mental health treatment (with improvement).

Challenges: Challenges included: finding available housing units; following through with clients' plans; maintaining relationships with people who we house; finding available services; and dealing with clients' involvement with law enforcement.

Action Plan: The program plans to continue: conduct outreach; seek and utilize local resources; communicate with law enforcement; build bonds with clients; collaborate with the City of Santa Monica staff to participate in a process of adding eligible people to the registry and enrolling them in our program.

Client Success Story: We were able to assist an older male who had been homeless for 10 years, undocumented with no income, and ineligible for mainstream benefits into permanent housing. With the funds available through our program, we were able to assist him with all the necessary steps, including the purchase of furniture and other household goods, as well as getting his utilities established. Due to his ineligibility for benefits, this program has afforded him the opportunity to participate in the Housing First model, so that he has the secure base of a home from which to improve his level of functioning and engage new income opportunities. We believe that through the ongoing support of the HOME Team, this individual will be able to become self-sustaining and will be able to maintain his private apartment for as long as he chooses to remain there. We have already seen him improving in his psychiatric functioning and socializing in our community.

B) OPCC Safety Net (Access Center)**Budget:** \$ 660,000 (Board Approved, Third District)**Table C.18: OPCC Safety Net (Access Center)**
FY 2008-09

(unduplicated clients)	YTD	YTD
Chronic Homeless	43	Section 8 9
		SSI/SSDI 4
Female	11	Shelter Plus Care 2
Male	32	Job placement 1
		Job training 4
Hispanic	2	
African American	8	General Relief with Food Stamps 1
White	30	General Relief 2
Asian/Pacific Islander	1	Food Stamps 2
Native American	-	Alternative court 2
Other	2	Case management 39
		Health care 16
25-49	19	Mental health care 23
50+	24	Substance abuse treatment (residential) 5
		Substance abuse treatment (outpatient) 8
Housing (emergency)	30	Food 11
Housing (transitional)	7	Clothing 3
Housing (permanent)	6	Transportation 13
Rental subsidy	4	Life skills 2
Moving assistance	5	Recuperative care 1
Average stay in temporary housing is 24 days		<u>Case management level 3</u>
		Average hours per case: 61
		Total number of hours: 1,350
		Caseload per case manager: 11
Longer-term outcomes (six months)		
Continuing to live in housing		2
Case management		18
Health care		3
Mental health care		3
Number of organizations/agencies that your program has a formal collaboration for this project		3
Number of times collaborative partners met each month		2
Total amount (\$) of HPI funding leveraged for project		n/a
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)		n/a
Number of participants who have enrolled (entered) into program during the reporting period		9
Number of participants who left the program during this period		1
Total number currently enrolled in program		43
Number of clients who received an assessment (if applicable)		9
Cost per participant		\$2,517
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter		n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter		n/a

Successes:

- As a result of OPCC Project Safety Net, 23 of the most vulnerable chronically homeless individuals in Santa Monica are off the street, including: six maintaining permanent housing, five in transitional housing and substance abuse treatment facilities; seven stabilizing their health and mental health status in master leased units; and three in emergency shelter.
- OPCC Project Safety Net has engaged a total of 43 individuals with intensive outreach and case management. Thirty-nine individuals have completed Intake Assessments.

- Twelve individuals are in the process of accessing housing vouchers through the City of Santa Monica Housing Authority (including six clients with vouchers conducting apartment search and six awaiting voucher issuance).
- All staff positions have been filled including the most recently hired MSW/MPH Clinical Consultant.

Challenges:

- The manifestation of untreated mental illness and substance abuse in the form of suspicion, hostility and alienation pose challenges in establishing trusting relationships, a necessary prerequisite in forward movement for participants to seek/accept housing.
- Market competition for available permanent housing rental units continues to be a challenge in addition to a long process (2-3 months) for housing voucher application and issuance.

Action Plan:

- Increased collaboration with Santa Monica Housing Authority toward expediting voucher issuance.
- Clinical Consultant and Psychiatrist coordinating effectively to educate clients of the benefits in accepting medication and other mental health treatment.
- OPCC has acquired an open-air, electric cart soon to be utilized in the coming months for ease in transporting clients, especially those unwilling to enter a closed vehicle.

Client Success Story: Client H, a 65-year-old Army Veteran homeless in Palisades Park for over four years, lost his job as a pantry cook in Beverly Hills. Then, he lost everything while attempting to get by as a day laborer. Feeling intense alienation, anger and disconnection the client was finally willing to allow OPCC Safety Net staff to advocate and send for his birth certificate, obtained within a few weeks. A trusting rapport developed and he accepted emergency housing in a Santa Monica motel. He then moved quickly into OPCC Turning Point. In May his housing voucher was approved, and he moved into his own apartment. Today, he volunteers for Mt. Olive Lutheran Church where he has become an engaged member of the community. Client H is completing his education and aspires to receive his BA degree.

IV. PROGRAMS FOR MULTIPLE POPULATIONS

22) Los Angeles County Housing Resource Center, (formerly known as the Housing Database)

Goal: Provide information on housing listings to public users, housing locators, and caseworkers.

Budget: \$382,000 (\$202,000 allocation from HPI funding and \$180,000 from CDC).

Table D1: LACHRC Program Measures		Year 1
June 1, 2007 – June 30, 2009	Cumulative	6.1.07 - 6.30.08
Number of landlords registered on the site	5,279 650 new	3,505
Average monthly number of units available for rental	1,814	1,324
Total housing unit/ apartment complex listings registered on site (includes units that have been leased) (<i>as of December 2008</i>)	7,448 1,373 new	5,171
Total number of housing searches conducted by users that returned listing results	3,289,078 *414,490 new	1,590,825
Average number of calls made/received to the Socialserve.com toll-free call center per month	3,093	2,897
Number of collaborative efforts forged between County Departments, Cities, and other stakeholder agencies.	38	33

**Correction: In the last quarterly report (third quarter of FY 2008-09), the total was 2,874,588 searches since initial launch (instead of 2,485,663).*

Successes: In this past quarter, the Housing Resource Center website launched several new features related to the Neighborhood Stabilization Program (NSP). These included single family for-sale listings, lists of Fannie Mae foreclosed properties, and a search tool to determine if a foreclosed property was in an eligible NSP-HERO (Home Energy Rebate Option) neighborhood.

Challenges: The high-priority rollout of federal stimulus fund projects related to the NSP and Homelessness Prevention and Rapid Re-Housing Program (HPRP) are causing several other planned website improvements to be delayed.

Action Plan: For the next quarter, the priority work items will relate to implementing the HPRP web-based pre-screening tool.

Client Success Story:

The for-sale listings of the CDC's Affordable Home Ownership Program (AHOP) was launched on April 13th. Within two hours, the developer received a call from an interested first-time homebuyer, and has subsequently received seven additional calls. The AHOP program markets new-construction houses that have HOME or City of Industry financing assistance for first-time homebuyers.

23) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles County Housing Innovation Fund, LLC (LACHIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million

Table D.2: Pre-development Revolving Loan Fund	Quarter/FY
Number of applications received that are eligible for the RLF.	4
Number of projects with a complete environmental review within 90 days	-
Number of projects with environmental clearance	-
Average amount of time from receipt of application to loan approval	-
Dollar (\$) amount of loans distributed by LLC	-
Average length of time from loan close to loan maturity date	-
Average length of time from anticipated construction start to end date	-
Number of loans approved	-
Number categorized as predevelopment	-
Number categorized as land acquisition	-
Number of loans by Supervisorial District	
Supervisorial District 1	1
Supervisorial District 2	1
Supervisorial District 3	1
Supervisorial District 4	-
Supervisorial District 5	1
Number of special needs households to be served by each loan	82
Number of low-income households to be served by each loan	184
Number of proposed total and affordable housing units	266
Number of housing units to be developed at 60% or below AMI	184
Number of housing units to be developed at 35% or below AMI	82
Number of reports collected on time from LLC	1
Number/percent of lost loans (live to date)	0

Successes: CDC staff and LACHIF LLC have developed a strategy to restructure the revolving loan fund that would attract new investors.

Challenges: Potential investors have requested that the County increase its risk exposure to cover 33% of County funds used in each loan AND to cover the investors 53.5% contribution in each loan up to the total \$19.8 million.

Action Plan: CDC met with each Board office to discuss necessary changes to the Revolving Loan Fund. CDC filed a Board letter requesting authorization to amend the existing loan agreement between CDC and LACHIF LLC, which was adopted on July 28th.

Client Success Story: Four projects are requesting \$9,114,000. The four projects would provide 266 units of affordable housing.

24) Project Homeless Connect

Goal: Provide individuals and families with connections to health and human services and public benefits to prevent and reduce homelessness.

Budget: \$45,000

Project Homeless Connect (PHC) is designed to bring government, community-based, and faith-based service providers together, as well as other sectors of the local community, to provide hospitality, information, and connections to health and human services and public benefits to homeless individuals and families. PHC provides a unique opportunity for homeless individuals and families to access services in a supportive, community-based, "one-stop shop" setting. The Los Angeles County, Chief Executive Office participates as the lead organizer for local PHC Day events, which normally take place during the first week of December; however, recent need and popularity of PHC Day events have created a situation where the CEO's Office is being requested to plan events on an ongoing, year-round basis.

Successes: Between December 2006, which is the first year the County CEO served as the event coordinator, and February 2009, PHC Day events have served to connect/engage 8,848 homeless participants with: public benefits, health and mental health screenings, dental services, voice mail services, substance and alcohol treatment, food distribution programs, alternative courts and legal assistance. Health services included immunizations such as flu shots. Social services included domestic violence services and shelter and parenting classes. By fiscal year, Table D.3 shows the total number of PHC participants who were linked to emergency, transitional, and permanent housing.

On April 16, 2009, an estimated 115 clients attended the first annual Whittier Connect Day event; approximately 20% of the guests at the Whittier event were classified as "at-risk" of homelessness. One family was housed in emergency housing at the Whittier Salvation Army. Clients were offered Influenza and other vaccinations, birth certificate applications, California identification card applications, alcohol and drug treatment, and referrals to various health and human services. Additional services included: checking and savings account information, legal assistance, health education and screenings, mental health assessments, as well as public benefits. Specifically, resources for SSI eligibility, parenting/child welfare guidance, foreclosure information/counseling, Healthy Families enrollment, food bank resources, and free community voice mail services were offered.

Challenges: With the current economic condition and the fact that families and individuals are losing their homes due to property foreclosures, future Project Homeless Connect events will need to continue to target the at-risk population.

Table D.3: Project Homeless Connect

Fiscal Year	Emergency Housing	Transitional Housing	Permanent Housing
FY 2006-07	59	-	70
FY 2007-08	117	19	-
FY 2008-09	235	78	25
Total	411	97	95

V. CITY AND COMMUNITY PROGRAM (CCP)

Capital Projects

Successes: The CDC is in constant contact with all of the Capital Developers regarding the projects. The CDC has set up internal tracking systems to monitor project progress. The timeline for execution is being determined based on the need of each grantee. It is customary for grants to be executed near the start of construction. Bell Shelter has executed the loan agreement and purchased the property for the project. All funds granted to the project have been expended.

Challenges: Challenges continue from the previous quarter. Coordination with other local, state and/or federal funding and construction industry changes has caused delays. Projects that were expecting state MHP funding are on hold because of the "freeze" caused by the State budget. The state has started to release some funding, but it is unknown at this time which HHPF projects will be affected.

Action Plan: Continuing from the previous quarter: the CDC is determining with each developer, whether or not to enter into the grant agreements soon or if it is best to wait until near the beginning of construction to avoid the necessity of several amendments. The CDC staff is providing technical assistance and will be conducting site visits to projects that are seeking funding for rehab of existing buildings.

Cumulative Expenditures to Date: \$922,227

Service Projects

Successes: To date, the CDC has executed 15 service contracts that are ready to be implemented. We recently conducted a second annual comprehensive training for all service agencies to address all areas of technical assistance concerning contract compliance. Areas covered included an online system review, key contract provisions, financial program requirements, cost allocation plans, procurement, site monitoring visits, and performance counts reporting. Additionally, we provided guidance on the new micro-procurement policy and revised insurance requirements for both HHPF/CCP agencies and their subcontractors. The new micro-procurement policy will streamline the documentation requirements for small purchases under \$1,500. Thirty service agency staff from 15 different agencies attended the comprehensive training, and post-training evaluation scores and comments from the attendees were very positive.

Most agencies have begun the implementation of their programs and have recruited program staff and developed subcontract agreements with the identified collaborators. Most have been expending funds and the remaining are planning to do so in the next month. To that end, the CDC has assisted a number of agencies in the submittal of payment requests and required documentation to support expenditures. Projects that had a slow start needed time to hire for key positions and to coordinate with subcontractors to ensure they meet all CDC requirements. Additionally, three service projects will not start until their capital project component is completed.

We have worked extensively with our Risk Manager to facilitate the review and approval of insurance documentation for both the HHPF/CCP agencies and their subcontractors, while still meeting the County mandated requirements. Our Risk Manager and County Counsel have revised the language in our contracts so that the responsibility to verify subcontractor compliance with insurance requirements will be with our contracted agencies instead of the CDC. We also strengthened the indemnification provisions in our contracts. These changes will streamline the approval of subcontracts in the future.

Challenges: A number of agencies had not used automated systems before and were challenged by the CDC's automated systems for digital contract execution and submittal of payment requests. We have provided extensive technical assistance in these areas and have successfully resolved all concerns.

One developer, Cloudbreak Compton, notified us that they have worked out a new partnership with United States Vets who will again be the service provider for their project. The US Vets will respond to our letter with a formal reconciliation of the two parties as well as provide us with a new timeline. Cloudbreak Compton said they are on a tight timeline with the construction permits and want to start

construction by the end of August 2009. We will continue to work with both Cloudbreak Compton and US Vets to facilitate resolution of all pending issues.

Action Plan: Our next challenge will be the implementation of the programmatic and financial monitoring of these projects, set to begin in September 2009. We are currently preparing for monitoring and will be scheduling the visits in the next month.

Cumulative Expenditures to Date: \$1,903,669

25. City and Community Program (CCP)

- a. A Community of Friends (ACOF) – Permanent Supportive Housing Program
- b. Ocean Park Community Center (OPCC) HEARTH
- c. Catalyst Foundation for AIDS Awareness and Care –Supportive Services Antelope Valley
- d. Homes for Life Foundation – Vanowen Apartments
- e. Hope Gardens Family Center (Union Rescue Mission)
- f. National Mental Health Association of Greater Los Angeles – Self-Sufficiency Project for Homeless Adults and TAY in the Antelope Valley
- g. National Mental Health Association of Greater Los Angeles – Self-Sufficiency Project for Homeless Adults and TAY in Long Beach
- h. Skid Row Housing Trust – Skid Row Collaborative (SRC2)
- i. Southern California Alcohol and Drug Programs – Homeless Co-Occurring Disorders Program
- j. Volunteers of America Los Angeles – Strengthening Families
- k. Women's and Children's Crisis Shelter
- l. City of Pomona: Community Engagement and Regional Capacity Building
- m. City of Pomona: Integrated Housing and Outreach Program

25a) A Community of Friends (ACOF) - Permanent Supportive Housing Program

Budget: \$1,800,000 (City and Community Program)

Table D.1: ACOF

FY 2008-09, July 1, 2008 – March 31, 2009

(unduplicated count)	FY		FY
Homeless Individuals	182	Education	26
Chronic Homeless	36	Job training, referrals	19
Homeless Families	117	Job placement	21
Female	311	CalWORKs	78
Male	268	General Relief w/Food Stamps	41
Transgender	1	General Relief only	3
		Food Stamps	3
Hispanic	145	Medi-Cal/Medicare	8
African American	321	Shelter Plus Care	29
White	102	SSI/SSDI	229
Asian/Pacific Islander	7		
Native American	-	Alternative court	3
Other	5	Case management	332
		Life skills	332
15 and below	175	Mental health	293
16-24	67	Health care	163
25-49	219	Social/community activity	274
50+	119	Substance abuse treatment (outpatient)	86
		Substance abuse (residential)	5
Moving assistance	11	Transportation	172
Eviction prevention	16	Residential management support	329
Rental subsidy	325		
Housing (permanent)	325	Case management (level II)	
		Average hours per case:	10 hours
		Total number of hours:	6,700 hours
		Caseload:	16 cases

Longer-term Outcomes (at 12 months)

Maintaining permanent housing	319
Receiving rental subsidy	319
Obtained employment	23
Maintained employment	41
Enrolled in educational program, school	30
	305
Case management	
Health care	253
Good or improved physical health	40
Mental health care	295
Good or improved mental health	253
Recuperative care	1
Substance abuse treatment (outpatient)	67
Substance abuse treatment (residential)	4
No drug use	40
Reunited with family	3

Successes: During this fourth quarter reporting period, A Community of Friends (ACOF) is pleased to report that the HPI funding has led to the continued successful collaboration with the Housing Works Mobile Integrated Service Team (MIST team). Collaboration with the MIST Team continues to provide for case management services, allow for additional supportive services through Resident Management support systems, and provide for needed property maintenance. The MIST team, in conjunction with ACOF case management staff, provided intensive services to 26 formerly homeless individuals and 13 families with over 30 children. The MIST team and case management staff have met regularly to ensure a continued overlay of needed services for "at risk" tenants, played an integral role in preventing evictions for those residents in jeopardy of losing housing to ensure that the majority of residents remain permanently housed in a safe and healthy environment.

Challenges: The greatest challenge continues to be the reporting tool itself. While it may be effective to use one tool to collect data across programs, this sometimes makes it difficult to capture data not specifically stated in the reporting tool. For example, spouses and adults often enter or leave mid quarter, affecting the demographic counts for gender, race, and age. Also, adults in families are often not counted as having received a service, as they are not the "head of household." Yet, spouses and adult members of the household are often indirect beneficiaries of the services provided. Additionally, combining data from different collaborators and properties presents a tracking challenge.

Challenges the tenants face include on-going struggles with substance abuse, correctly budgeting funds each month, managing medication, and improving life skills to a level which increases self sufficiency.

Action Plan: ACOF has worked with HPI staff to clarify the reporting process and make minor adjustments that will ensure the correct capture of data. Now that a baseline has been established, only data for those entering will be collected and HPI staff will merge that data. This will ensure that there are not duplicate counts or counts including newly added adults in families.

Case management staff will continue to work with the MIST team to focus on those individuals most at risk of losing their housing. In addition, case management staff will work with Resident Managers on "best practices" to increase support when case management staff are unavailable on nights and weekends.

Client Success Story: Tenant B is a 42-year-old Vietnamese man that was chronically homeless and living on the streets of Pasadena for over 10 years. Due to the nature and severity of his chronic mental condition and disabilities, he completely isolated himself from everyone including his family. Tenant B didn't receive any type of services or treatment during the time he was living on the streets, until a Pasadena area outreach team found him and began the challenging process of building enough trust so that Tenant B could accept the assistance he so desperately needed.

After Tenant B was successfully treated for a serious mouth infection, the outreach team was able to

assist him into emergency housing at Union Station in Pasadena. During his emergency housing stay, Tenant B began receiving treatment for both his physical and psychological issues as well as regular case management. Tenant B's case manager focused on finding permanent housing.

Tenant B moved into Las Palomas Apartments during August of 2008, and he began receiving intensive case management services from both the A Community of Friends onsite case management team and the newly formed MIST Team. Tenant B's primary language is Vietnamese and his English is limited so the language barrier was initially a challenge. Case management staff worked with the MIST Team and located and referred Tenant B to services with staff who spoke Vietnamese, including a Vietnamese psychiatrist. Tenant B's chronic mental health condition gradually stabilized enabling him to more fully participate in both on-site and community services.

Tenant B is now regularly meeting with his doctor and taking his medications as prescribed. Due to Tenant B's stabilization and ongoing treatment, case management and the MIST team have been able to assist him with applying for and receiving SSI benefits, accessing and using public transportation, managing medication, improving and increasing life skills, and forming social relationships with others.

Transitioning from a life on the streets to one in an apartment can be difficult, and despite experiencing many challenges Tenant B has settled into his new, stable lifestyle. Tenant B has become a regular participant of on-site groups such as Community Meetings and Healthy Cooking Groups. Moreover, he has developed friends for the first time in many years.

Tenant B has made a great deal of personal progress over the past year, but his most important accomplishment was reuniting with his brother for the first time in over 10 years. Tenant B's quality of life has improved dramatically with permanent housing and much needed supportive services.

	FY
Number of organizations that your program has a formal collaboration for this project	1
Number of times collaborative partners met each month	25
Total amount (\$) of HPI funding leveraged for project	\$1,775,550
Percent of HPI funding leveraged for project	33%

	QTR
Number of participants who have enrolled into program during the reporting period	10
Number of participants who left the program during this period	7
Total number currently enrolled in program	328
Number of clients who received an assessment (if applicable)	n/a
Cost per participant	\$2,645
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	2
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	0
Program Specific Question:	
Number of participants who received benefits (as a result of the program)	328

25b) Ocean Park Community Center (OPCC) HEARTH

Budget: \$1,200,000 (City and Community Program)

**Table D.2: OPCC HEARTH
FY 2008-09**

(unduplicated count)	FY		FY
Homeless Individuals	246	Education	-
Chronic Homeless	193	Job training, referrals	2
Transition Age Youth	23	Job placement	-
Female	151	Food Stamps	1
Male	311	Shelter Plus Care	4
		Section 8	6
		SSI/SSDI	1
Hispanic	64	Medi-Cal/Medicare	1
African American	131		
White	230	Case management	100
Asian/Pacific Islander	9	Life skills	15
Native American	3	Mental health	6
Other	25	Health care	462
		Social/community activity	32
		Recuperative care	61
15 and below	11	Substance abuse (outpatient)	7
16-24	23	Transportation	50
25-49	247	California identification	3
50+	181	Veterans	1
		Legal	2
Moving assistance	8	Locker	5
Housing (emergency)	23		
Housing (permanent)	19	Case management (level III)	
Housing (transitional)	13	Average hours per case:	64
		Total number of hours:	1,397
		Caseload:	31
Longer-term Outcomes (at six months)			
Maintaining permanent housing			4
Obtained employment			2
Maintained employment			2
Health care			9
Good or improved physical health			6
Reunited with family			1

Successes:

- OPCC Project HEARTH provided 119 homeless individuals with primary health care from a Venice Family Clinic physician co-located at OPCC Access Center.
- Thirty-two clients receiving health care became engaged in case management services with 20 (63%) achieving temporary or permanent housing as follows:
 - Twelve individuals (38%) obtained emergency housing
 - Three individuals (9%) obtained transitional housing
 - Five individuals (16%) obtained permanent housing
 - Twenty-eight individuals received respite care at OPCC Samoshel referred from Venice Family Clinic and two local hospitals (St. Johns and SM/UCLA Medical Center), and 36% obtained temporary or permanent housing following a three-week respite stay.
- Increased coordination of discharge of homeless patients from local hospitals to OPCC.

Challenges:

- Lack of low-cost housing options for medically vulnerable clients with health/mental health conditions who are not able to earn a living wage and don't meet the criteria for SSI.
- Coordination/communication with local hospitals regarding a consistent process for discharge planning of homeless patients.

	FY
Number of organizations that your program has a formal collaboration for this project	4
Number of times collaborative partners met each month	2
Total amount (\$) of HPI funding leveraged for project	\$186,547
Percent of HPI funding leveraged for project	106%
Number of participants who have enrolled into program during the reporting period	119
Number of participants who left the program during this period	0
Total number currently enrolled in program	462
Number of clients who received an assessment (if applicable)	32
Cost per participant	\$381
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	n/a
Program Specific Question:	
Number of participants who received benefits (as a result of the program)	3

Action Plan:

- Continue to develop strategies to improve the discharge process of homeless patients from local hospital emergency rooms and inpatient services.
- Conduct more outreach and training with local hospital discharge and emergency room staff.
- Increase attendance of local hospital staff to monthly HEARTH meetings.
- Improve data collection of costs and utilization to assess and compare pre and post utilization rates of respite care clients.

Client Success Story: Client M, an 81-year-old homeless women with congestive heart failure, has been living off and on in local area motels since 2005. OPCC staff discovered that at the end of each month when she runs out of SSI income she comes to the local hospitals for medical care and a place to stay. OPCC Access Center worked intensively with her and successfully secured permanent housing and transportation through the City of Santa Monica, Project Homecoming. The day before Mother's Day, she was reunified with her adult son and family living in another state. Client M had over 55 hospital visits during the past three years.

Efforts are underway through collaboration with OPCC, Venice Family Clinic, St. Johns Hospital and SM/UCLA Hospital to track related costs of hospital visits and emergency services provided by first responders.

25c) Catalyst Foundation for AIDS Awareness and Care - Supportive Services Antelope Valley
 Budget: \$1,800,000 (City and Community Program)

Table D.3: Catalyst Foundation

FY 2008-09 Participant count was not updated; program is developing new system to track unduplicated numbers..

	YTD		YTD
At-risk Individuals	816	Moving assistance	3
At-risk Families	50	Eviction prevention	2
		Rental subsidy	1
Female	492		
Male	561	Education	383
Transgender	2	General Relief	51
		Medi-Cal/Medicare	3
Hispanic	302	Section 8	2
African American	349	Case management	28
White	334	Health care	622
Asian/Pacific Islander	13	Life skills	383
Native American	9	Mental health care	55
Other	30	Transportation	65
		Food	88
15 and under	1	Pet food/vet care	99
16-24	436		
25-49	241		
50+	112		
Longer-term outcomes (6 months)			
Continuing to live in housing			720
Case management			28
Health care			555
Good or improved health			66
Mental health care			66
Good or improved mental health			66
Level 2 case management services			Quarter
Average for each participant per month			5 hours
Total hours for all participants			420
			hours
Number of cases per case manager			28 cases
Number of organizations/agencies that your program has a formal collaboration for this project			33
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			\$696,919
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			46%
Number of participants who have enrolled (entered) into program during the reporting period			720
Number of participants who left the program during this period			-
Total number currently enrolled in program			720
Number of clients who received an assessment (if applicable)			720
Cost per participant			\$863
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			n/a

Successes: During this quarter we had two families that were at the verge of losing their home. As a result of getting assistance through the Catalyst Foundation, they managed to maintain their safe, affordable housing. The Catalyst Foundation continues to provide services to disenfranchised communities that are at high risk for homelessness. Services provided allow our clients to continue to maintain independent living arrangements and continue to be self-sufficient. Clients mention that a major burden is relieved by the supportive services assistance provided, which allows them to focus on other aspects of their lives that require more attention.

Challenges: During this quarter, the case manager position became vacant. The Case Manager resigned and our Supportive Services Coordinator as well as the Director of Supportive Services stepped in to

provide clients with case management services. Another challenge we experienced during this quarter has been accurately tracking client demographics and the different services we are currently providing.

Action Plan: The Director of Supportive Services is in the process of recruiting qualified candidates. We are in the process of developing a new tracking system to support our needs. The data management team will be meeting to come up with solutions to simplify the reporting process.

Client Success Story: We had a patient that came into our clinic diagnosed with AIDS. When he initially enrolled in our services, he could not walk and had lost a tremendous amount of weight. His T-Cell count was extremely low. However, after a few months of obtaining medical treatment and case management services, he was able to apply for the AIDS Drug Assistance Program and other supportive services such as food and transportation. He was able to obtain medications and nutritious food that helped him get well. As a result, he is currently in a healthy weight and able to walk on his own without assistance. The client mentioned that if it was not for the clinic and supportive services, he would have passed away. The client is very grateful and thankful.

25d) Homes for Life Foundation – Vanowen Apartments

Budget: \$738,310

Table D.4: Homes for Life Foundation – Vanowen Apartments

FY 2008-09, January - June 2009

(unduplicated clients)	FY		FY
Homeless Individuals	24	Housing (permanent)	24
Chronic Homeless Individuals	4	Rental subsidy	24
At-risk Individuals	20		
		Case management	24
Female	20	Life skills	24
Male	28	Mental health care	24
		Transportation	24
Hispanic	3		1
African American	11	Food Stamps	22
White	27	Medi-Cal/Medicare	22
Asian/Pacific Islander	3	SSI/SSDI	22
Other	3	Social/community event	24
		Substance abuse treatment (outpatient)	8
16-24	1	Substance abuse treatment (residential)	5
25-49	26		
50+	21		
Level 2 case management services			
Average for each participant per month			10 hours
Total hours for all participants			300 hours
Number of cases per case manager			12 cases
<hr/>			
Number of organizations/agencies that your program has a formal collaboration for this project			1
Number of times collaborative partners met each month			2
Total amount (\$) of HPI funding leveraged for project			-
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			-
<hr/>			
Number of participants who have enrolled (entered) into program during the reporting period			24
Number of participants who left the program during this period			0
Total number currently enrolled in program			24
Number of clients who received an assessment (if applicable)			24
Cost per participant			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			24
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			24

Successes: All clients have successfully maintained their housing for over three months. No six month outcomes have been completed as the project has only been open for three and a half months.

Action Plan: Staff will continue to work with clients on meeting their goals.

Client Success Story: Prior to one client's first psychological break, he went to live in Europe. He made a great success as a street artist. He was interviewed on television and in the newspapers. After his return to the States, he experienced his first break. After two years of being in hospitals and trying to deal with his illness, he found himself living in the streets. With the help of several not-for-profits and the County, his illness stabilized and he found temporary housing. Until he came to Homes for Life several months ago he did not have a permanent home. He is now doing well and is grateful to know he has a home no matter what the future brings. He did stop painting years ago and now he reports feeling free enough to paint again. This will be a process that will take time, but he is well on his way to taking back his talent as he has taken back his life. He would tell you that if it was not for Homes for Life giving him a real home of his own, he would not be painting at all. The security he now enjoys has given him the ability to express himself in his art work. A freedom that had been lost to him several years ago is now back.

25e) Hope Gardens Family Center (Union Rescue Mission (URM))

Budget: \$1,853,510

Table D.5: Hope Gardens
FY 2008-09, January - June 2009

(unduplicated count)	FY		FY
Homeless Families	45	CalWORKs	45
(individuals)	133	Food Stamps	45
		Medi-Cal/Medicare	45
Female	86	Section 8	5
Male	47	SSI/SSDI	3
		Veterans	2
Hispanic	24		
African American	66	Case management	45
White	25	Life skills	45
Asian/Pacific Islander	4	Mental health	22
Other	14	Health care	45
		Social/community activity	45
15 and below	72	Substance abuse treatment (outpatient)	16
16-24	16	Transportation	45
25-49	35		
50+	6	Case management (level II)	
		Average hours per case:	13
Moving assistance	6	Total number of hours:	360
Housing (emergency)	3	Caseload:	13
Housing (transitional)	45		
Housing (permanent)	4	Education	90
		Job training, referrals	22
		Job placement	5
Longer-term outcomes (6 months)			
Continuing to live in housing			9
Receiving rental subsidy			4
Case management			32
Health care			32
Good or improved health			25
Substance abuse treatment (outpatient)			5
No drug use			27
Reunited with family			6

Clients stayed an avg. of 650 days in temporary housing; four participants were placed into permanent housing.

Successes: During the course of this contract term, Hope Gardens transitioned 38 of 70 families receiving services at our transitional living facility. Sixty-five percent of our families transitioned into permanent housing in FY 2008-09. The transitioning families were part of the total 70 families served (146 individuals/family members) this year, of which 37 families (87 individuals/family members) are still housed at Hope Gardens. The 37 families transitioned into the following areas:

- Four families (15 individuals) were housed in Fair Market Housing

- Nine families (24 individuals) were housed with Section 8 housing.
- Five families (20 individuals) were permanently relocated into low income housing.
- Three families (five individuals) were permanently housed with family and friends.

Challenges: During the course of this fiscal year, we continue to learn, evaluate, and modify program services to meet the demanding needs of our diverse population. Many of our families face additional challenges in the area of housing affordability; to name a few - many families were promised housing vouchers from numerous programs, however, these resources have all been unable to provide these resources leaving the families frustrated. They are burdened with the enormous task of securing living wage employment with minimal job skills; and many have been unsuccessful in finding affordable/subsidized housing to meet their individual family needs. As a result of these challenges, Hope Gardens has strengthened its Employment/Vocational Development Department, by adding a new Director, to assist families in securing employment or increasing their skill/educational levels in this demanding employment market. Hope Gardens is a comprehensive program with a wide variety of opportunities available for those wanting to break the cycle of homelessness. Families are faced with ever changing challenge both internally and from the external environment. Hope Gardens and staff is meeting those challenge with each family as we continue to work with our participants to identify barriers and get beyond the history and challenges that have kept them from achieving (and exceeding) their goals. It is our hope that our outcomes during the next fiscal year will exceed those of FY 2008-09.

Action Plan: Hope Gardens will continue to work through challenges that are presented either in our program design and/or with our families. We vow to consistently evaluate our services, staff and program to ensure that we are providing excellent care to the families served at Hope Gardens. This includes establishing very realistic and specific timelines and individualized service plans with each family without trying to fit them into a "one size fits all" mold that is unachievable for many families that we serve. It is our desire to increase the number of families being served until we reach our maximum capacity once renovations are completed on additional buildings.

Client Success Story:

"I am a single mom from New Jersey. I have three minor children (two teen age boys and one teenage daughter), a young adult daughter and one grandson. We moved to Los Angeles, in August 2007 to help my sister with her son. We were living in a two bedroom apartment. I was able to secure employment, but it did not pay enough to be able to pay the entire rent. My sister was unable to find a job to cover her half of the rent and bills. We eventually got evicted from our home. My children and I stayed in a few different hotels until all my money was gone, and I was unable to keep my job.

In my search for assistance, I was able to obtain safe temporary refuge with a classmate and her family for my 12-year-old daughter. During the process, I also found that the majority of emergency shelters and transitional housing programs in Los Angeles did not accept young males 10 years and older. My family was in crisis; eventually we made a decision to have my sons join Job Corp which provides immediate stability through housing and educational opportunities. My oldest daughter was living in a semi-stable environment of her own, but unable to assist us. In my search, I found information about Union Rescue Mission (URM) at the local library and we received immediate assistance. However; in an effort to get to the mission, I informed my sister of the housing options. Living in the Skid Row area of Los Angeles at the Mission, she showed no compassion and charged us \$10 to drop us off there.

During our stay at the downtown URM facility, I was made aware of URM's long-term transitional housing facility – Hope Gardens and given an opportunity to apply for residency. I was interviewed and accepted. The day I found out that we were moving to Hope Gardens brought great joy to my heart as well as lifted the tremendous burden I faced daily. Since we moved to California, there was nothing positive happening for us. I was losing hope and ready to give up. I had decided to send my children to Georgia to live with my younger sister while I stayed at the URM. Finally, during my stay at Hope Gardens, I was able to secure employment after obtaining my Class B certified license. The staff at Hope Gardens also assisted me in applying for low income housing as well as wrote a grant to help me secure transportation. Everything came together at once which ensured my family a smooth transition from homelessness to permanent housing. The only thing I can say is this, that Hope Gardens has been a blessing to us."

25f) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
Budget: \$900,000

Table D.6: Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
FY 2008-09, January - June 2009

(unduplicated count)	FY		FY
Homeless Individuals	24	Education	1
Chronic Homeless Individuals	52	Job training	19
		General Relief and Food Stamps	1
Female	38	Medi-Cal/Medicare	2
Male	38	SSI/SSDI	3
		CalWORKs	1
Hispanic	15	Case management	44
African American	42	Mental health	44
White	46	Health care	16
Native American	2	Social/community activity	16
		Substance abuse treatment (residential)	1
16-24	11	Transportation	38
25-49	43	Life skills	1
50+	22		
		Case management (level 2)	
Moving assistance	7	Average hours per case:	80
Eviction prevention	3	Total number of hours:	80
Housing (emergency)	1	Caseload:	30
Housing (transitional)	6	Average stay in emergency housing:	6 months
Housing (permanent)	5	Number to permanent housing:	15 participants
Longer-term Outcomes (at six months)			
Case management			16
Mental health care			8
Substance abuse treatment (outpatient)			1
Substance abuse treatment (residential)			1
			Qtr
Number of organizations/agencies that your program has a formal collaboration for this project			-
Number of times collaborative partners met each month			-
Total amount (\$) of HPI funding leveraged for project			\$115,382
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			55%
Number of participants who have enrolled (entered) into program during the reporting period			44
Number of participants who left the program during this period			0
Total number currently enrolled in program			60
Number of clients who received an assessment (if applicable)			44
Cost per participant			\$1,069
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			n/a

Successes: The program has been able to meet members' basic needs, such as providing a safe place for the homeless to shower, do laundry, receive counseling, psychiatric treatment, case management, referrals, housing placement, etc.

Challenges: Locating affordable housing for members with a limited source of income continues to be challenging.

Action Plan: The program continues to research and locate more affordable housing as well as build more community relationships.

Client Success Story: We have been able to house seven members and assist a member with eviction prevention this quarter.

25g) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Long Beach
Budget: \$1,340,047

Table D.7: Self Sufficiency Project for Homeless Adults and TAY Long Beach
FY 2008-09, April - June 2009

(unduplicated count)	Qtr	Qtr
Homeless Individuals	13	Case management 37
Chronic Homeless Individuals	21	Job placement 15
Transition Age Youth	3	Benefits assistance/advocacy 3
		Bus tickets *94
Female	5	<i>*number of tickets, not clients</i>
Male	32	Emergency housing 3
		Average stay in emergency housing (day) 1
Hispanic	6	
African American	13	
White	16	Case management (level 3)
Other	2	Average hours per case: 12
		Total number of hours: 45
16-24	3	Caseload: 12
25-49	19	
50+	15	Rental subsidy 2
		Qtr
Number of organizations/agencies that your program has a formal collaboration for this project		1
Number of times collaborative partners met each month		1
Total amount (\$) of HPI funding leveraged for project		-
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)		-
Number of participants who have enrolled (entered) into program during the reporting period		36
Number of participants who left the program during this period		-
Total number currently enrolled in program		37
Number of clients who received an assessment (if applicable)		37
Cost per participant		-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter		n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter		n/a

Successes: This grant has provided us the opportunity to serve members of our Homeless Assistance Program in ways that we were not able to previously. We are now fully staffed with a benefits coordinator, a housing coordinator, and day labor specialist. These staff collaborate with our Drop In Center Staff to provide much-needed support and case management services. The team has done well to familiarize themselves with the obligations of the grant.

Challenges: The recent decrease to Social Security benefits and the continued high cost of apartments in our community make finding affordable housing a particular challenge.

Action Plan: We will continue to build relationships with community landlords and employers and streamline linkages to the public benefits systems, if possible.

Client Success Story: There is a woman whom we have been working with in our drop in center for over two years. She has had continued difficulty maintaining permanent housing, and has been chronically homeless as a result. She was enrolled in the Self Sufficiency Project in early May, and with program staff assistance, she has been able to locate and obtain an apartment of her own. She will continue to receive follow up case management support in an effort to help her keep her housing, and possibly to explore employment opportunities.

25h) Skid Row Housing Trust – Skid Row Collaborative (SRC2)**Budget: \$1,800,000****Table D.8: Skid Row Housing Trust****FY 2008-09, January – June 2009**

(unduplicated count)	FY	FY
Chronic Homeless Individuals	100	1
Female	30	20
Male	70	100
Hispanic	7	98
African American	82	65
Asian/Pacific Islander	18	64
<i>More than one race/ethnicity may be selected</i>		35
16-24	1	139
25-49	49	76
50+	50	1
Rental subsidy	100	18
Housing (permanent)	100	31
		9
		1,144
		22
		Qtr
Number of organizations/agencies that your program has a formal collaboration for this project		2
Number of times collaborative partners met each month		2
Total amount (\$) of HPI funding leveraged for project		\$193,747
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)		77%
Number of participants who have enrolled (entered) into program during the reporting period		15
Number of participants who left the program during this period		4
Total number currently enrolled in program		96
Number of clients who received an assessment (if applicable)		19
Cost per participant		-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter		15
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter		4

Successes: Our program began in February 2009. At the end of this program period, 96 participants were enrolled. Our on-site integrated service team, which is comprised of staff from three agencies, continues to refine its operating procedures and modify the program to better meet the needs of our residents. We were fully staffed in mid-June with the arrival of our Benefits Specialist.

Challenges: We have not experienced any significant challenges this quarter.

Action Plan: N/A

Client Success Stories: Client E is 37 years old. Prior to moving into the Abbey Apartments, he had been homeless for about eight years. The process of entering subsidized housing can be a frustrating one – it involves a lot of waiting and a lot of paperwork. “E” spent much of his waiting time carrying on a quiet conversation with himself. “E” has schizophrenia of the paranoid type. During his brief face-to-face interview with our staff, he struggled to coherently answer the questions he was asked. His efforts during the interview (if not his answers) clearly communicated his desire to be housed. When “E” moved into the Abbey, he had a long beard, poor hygiene, and very dirty clothes. He was not receiving any mental health services. Today, “E” is close shaven and his clothes are not only clean, but pressed! He drops by his case manager’s office almost every day just to say good morning. He works with the mental health staff and has started taking medication for his schizophrenia. He has been able to forge a friendly relationship with the mother of his son who he visits weekly. “E” recently spent the day with many of his Abbey neighbors on a day trip to Knott’s Berry Farm. He went on almost all the rides, played carnival games, and won a stuffed bear for his son. “E” has worked hard and accomplished an amazing number of personal goals in a very short time. He looks to the future with great optimism.

25i) Southern California Alcohol and Drug Programs (SCADP), Inc. - Homeless Co-Occurring Disorders Program

Budget: \$1,679,472 (City and Community Program)

**Table D.9: SCADP
FY 2008-09**

(unduplicated clients)	FY		FY
Homeless Individuals	81	Housing (transitional)	3
Homeless Families	5		
(individuals)	12	Mental health care	93
Transition Age Youth	9	Substance abuse treatment (residential)	75
At-risk Individuals	29		
		<u>At six months:</u>	
Female	16	Continuing to receive mental health care	5
Male	86	Good or improved mental health	4
Hispanic	44	Average length of stay for residents	55
African American	23	Residents discharged due to graduation	18
White	32	Discharge status for residents of transfer	1
Native American	1	Discharge status for residents of walk-out	10
		Discharge status for residents, violated rules	14
15 and under	8		
16-24	11		
25-49	71		
50+	15		
<hr/>			
Number of participants who have enrolled (entered) into program during the reporting period			30
Number of participants who left the program during this period			43
Total number currently enrolled in program			27
Number of clients who received an assessment (if applicable)			23
Cost per participant			\$1,000
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning/end of the quarter			n/a

Note: The last quarterly report showed a duplicated number of participants for this program. This report shows unduplicated numbers, and the cumulative total in Attachment A of this report has been adjusted.

Successes: We are now able to screen more of the clients entering our substance abuse treatment facilities. Every client screened for mental health services is already receiving substance abuse treatment and has a primary counselor. It is the substance abuse treatment staff who refers a client for a mental health screening. Any client who acknowledges a current or past history of diagnosis is automatically referred for supplemental services. All clients remaining in treatment for a month are screened regardless of prior history. A significant number of the people who are receiving services have no previous treatment. Such services include: substance abuse relapse prevention, parenting, GED or vocational prep, and life skills coursework. From our original grant, we have learned that people receiving these services have higher graduation rates and remain in treatment longer than those who do not. Grant staff work with the primary counselor to facilitate continued mental health care after leaving the program and have input into the client's treatment plan. This is the first quarter we have clients who have enrolled in the program for over six months. Four of the five clients who have been enrolled for over six months are reporting improved mental health, increased social involvement, and greater participation in 12-step programs. Those four are in stable housing and are sober. Recently, the fifth relapsed; we are still working with her.

Challenges: Our therapist took ill in May; his condition caused him to resign. Due to the California budget cuts, we expect significant funding cuts and have not replaced him. We are also working on incorporating the federally funded programs into this grant. We may request that our grant time frame be altered to be able to continue to provide these very important services. It may be four years until we can apply for another Center for Substance Abuse Treatment (CSAT) grant, when our Center for Mental Health Services (CMHS) grant expires.

Action Plan: We are waiting for the California budget to be signed, so we know where our agency stands with regard to our collateral funding sources. Additionally, we were not eligible to apply for a new federal grant this year despite that fact that our current grant (which the county grant is modeled after) will end on September 30th.

Client Success Story: The two clients who enrolled in community college passed their courses. One saved enough money to purchase a car; she no longer dreads going out with her toddler. Several more clients who are nearing six months have begun searching for employment and/or enrolled in school.

25j) Volunteers of America - Los Angeles, Strengthening Families

Budget: \$1,000,000

Table D.10: VOALA

FY 2008-09

(unduplicated clients)	FY		FY
Homeless Families	52	Alternative court	3
(individuals)	240	Case management	106
At-risk Families	50	Life skills	47
(individuals)	217	Mental health	19
Female	246	Health care	21
Male	212	Social/community activity	28
		Substance abuse treatment (outpt.)	2
		Transportation	54
Hispanic	456	Food pantry	2
Other	2	Medi-Cal/Medicare	73
		CalWORKs	15
15 and below	228	General Relief w/Food Stamps	16
16-24	74	General Relief only	2
25-49	142	Shelter Plus Care	1
50+	13	SSI/SSDI	7
		Food Stamps only	33
Eviction prevention	10	Section 8	2
Moving assistance	17		
Housing (emergency)	12	Education	31
Housing (transitional)	4	Job training, referrals	52
Housing (permanent)	6	Job placement	18
Rental subsidy	4		
Average stay at emergency housing:			45 days
Number placed into transitional housing:			1 family
Level 2 Case management			
Average case management hours for each participant per month:			5 hours
Total case management hours for all participants during current reporting period:			335 hours
Number of cases per case manager:			22 cases
Longer-term Outcomes (at six months)			
Maintained permanent housing (through eviction prevention, linkages to jobs)			75
Receiving rental subsidy			4
Obtained employment			5
Maintained employment			13
Enrolled in educational program, school			9
Received High School Diploma/GED			1
Case management			81
Health care			59
Good or improved physical health			31
Mental health care			32
Good or improved mental health			32
Substance abuse treatment (outpatient)			1
No drug use			1
Reunited with family			2

Number of organizations/agencies that your program has a formal collaboration for this project	5
Number of times collaborative partners met each month	4
Total amount(\$) of HPI funding leveraged for project	\$1,000,000
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	50%
Number of participants who have enrolled (entered) into program during the reporting period	105
Number of participants who left the program during this period	22
Total number currently enrolled in program	83
Number of clients who received an assessment (if applicable)	-
Cost per participant	-

Successes: During this reporting period, the strengthening family case managers assisted families in finding and obtaining affordable housing, transitional housing and emergency housing. Additionally, they also prevented many families from becoming homeless by assisting families with finding employment. The case managers took participants to various job fairs, employment agencies and community resource fairs, in addition to providing them with job leads and referrals. They also conducted a number of employment readiness workshops (including but not limited to a resume writing workshop) and continued to assist families with resume writing and other employment skills. The case managers actively worked on establishing community partnerships to better assist our families and established a number of MOU agreements with local agencies.

Challenges: Case managers encountered a lack of affordable housing for low income families with multiple family members and families that have a household member with disabilities. Additionally, many families did not qualify for conventional housing programs, because they lacked stable employment history, had bad credit due to foreclosure, and were unable to meet other rental requirements. In addition the lack of and limited number of suitable emergency shelters that house the whole family unit together has been another recurring challenge.

Action Plan: The program will continue effective case management for families, in addition to other supportive services. We will continue organizing and sponsoring community resource fairs where different agencies are invited to participate and provide information about their services/resources. For families that we have assisted through our housing and employment assistance services, we will be conducting three, six, nine, and 12 month follow-up. The follow-up will focus on issues of sustainability (i.e. increased income because of services/assistance, continued employment, and continued permanent housing). We will compare the monthly family income at the initial intake to the follow-up income and determine if there were any income increases as a result of the services and assistance provided by the case managers. The follow-ups will hopefully assist us in determining if our services/assistance has equipped our families with resources and tools that prevented them from again becoming vulnerable to homelessness.

Client Success Story: Through effective and compassionate case management, our case workers have assisted families with housing issues, such as finding affordable housing, emergency shelters, transitional housing, permanent housing, rental subsidies, and preventing evictions. By collaborating with other community agencies and service providers, the case managers have obtained employment, job leads, job referrals and job training for families. In addition, the case managers have taken program participants to various job fairs and continued to assist them with job readiness skills, such as resume writing. Also, the case managers have actively networked in the community, which has led to preventing a number of families from becoming evicted from foreclosed properties and finding housing for families with children with disabilities.

25k) Women's and Children's Crisis Shelter

Budget: \$300,000

**Table D.11: Women's and Children's Crisis Center
FY 2008-09**

(unduplicated clients)	FY		FY
Homeless Families	42	15 and below	89
At-Risk Individuals	132	16-24	11
		25-49	32
Female	81	50+	-
Male	51		
		Housing (emergency)	81
Hispanic	111	Housing (transitional)	4
African American	11	Average stay in days (<i>for quarter</i>)	27
White	2	Number to shared living w/friends or family	7
Asian/Pacific Islander	6		
Native American	-	Life skills	14
Other	2	Mental health care	33
		Transportation	46
Program Specific Measures			Quarter
Number of hotline calls that are related to domestic violence issues.			194
Number of hotline calls that are related to homeless issues.			181
Of the calls related to domestic violence, the number of families/individuals at-risk of becoming homeless.			115
Number of individuals reunited with their families.			-
Number of families who have enrolled (entered) into program during the reporting period			13
Number of families who left the program during this period			13
Total number of families currently enrolled in program			6
Number of clients who received an assessment (if applicable)			-
Cost per participant			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			13
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			19

Successes: One of our clients at our transitional shelter is ready to enter the workforce and has been actively applying for job openings. In an effort to help build her resume, the client has been interning at our Administration office. As an intern, she has learned and performed basic office duties as well as practiced her customer service skills.

Challenges: We continued to have a difficult time finding transitional housing for our clients. Unfortunately, the lack of available transitional housing can create a burden for many families whom do not have a strong support system from friends or family.

Action Plan: Our shelter and transitional shelter clients will continue to receive individual counseling, support groups, parenting classes, and transportation.

Client Success Story: One of our families was accepted and entered into a transitional shelter. The head of household will continue to receive domestic violence support services. She entered with a permanent restraining order which our agency helped her obtain.

Note: The last quarterly report showed a duplicated number of participants for this program. This report shows unduplicated numbers, and the cumulative total in Attachment A of this report has been adjusted.

25l) City of Pomona: Community Engagement and Regional Capacity Building

Budget: \$1,239,276

Table D.12: City of Pomona: Community Engagement and Regional Capacity Building
FY 2008-09, April – June 2009

	Quarter
Number of groups included in Consortium	52
Number of community meetings that the CEM and Consortium members attended	-
Number of speaking engagements (by CEM and Consortium)	-
Number of key leaders engaged with Consortium meetings	11
Number of cities actively involved in Consortium meeting	-
Number of strategies developed to eliminate barriers to service and housing delivery	-
Number of legislative, zoning changes, etc.	-
Number of cities actively engaged in strategic planning and/or community activity	7
Number of cities that designate a point person on staff to work on implementing recommendations	7

Successes: The Community Engagement and Regional Capacity Building program contract was executed on June 26, 2009.

Challenges: Our partner, Citrus Valley Health Foundation, has returned the West Covina Access Center back to LAHSA. LAHSA has in turn awarded this program to the Volunteers of America, who will be moving the Access Center. We are considering moving with the VOA, or looking at other locations that may better meet the needs of the CONSORTIUM and the CERC program. We will communicate closely with the CDC as this siting situation is resolved.

Action Plan: The San Gabriel Valley Consortium is meeting weekly to quickly implement the CERC program. Each agency has adopted an area of responsibility. We are doing as much of the initial infrastructure work as we can ourselves in order to save HPI money for the actual resource linkages delivery.

25m) City of Pomona: Integrated Housing and Outreach Program

Budget: \$913,975

Successes: IHOP's greatest success is its collaboration and partnership with local agencies, as well as, its reputation in the community. We have gained the trust of our population. We have successfully been placing individuals and families on fixed incomes into transitional, supportive and permanent housing. We have increased our pool of resources to best serve our growing client base.

Challenges: The biggest challenge we face is the gap in services provided for GR recipients. Many of our chronically homeless clients receive GR as their sole benefit and source of income and there is a lack of affordable housing opportunities for these clients. Also, providing funding for services up front for reimbursement grants is always a challenge.

Action Plan: We are continuing to seek safe and suitable housing opportunities for clients on General Relief. We are constantly expanding our network efforts within the community to increase resources. We are also actively seeking placement options for clients with mental health issues as beds for these clients in this area are insufficient.

Client Success Story: Due to alcoholism, Client F, a 58-year-old Hispanic male, has been living in his truck for several years. The client came to the IHOP program truly ready for a change. We placed him in a motel while awaiting admittance to American Recovery Center's detoxification treatment program. After completing a 10-day detox, he entered our Pomona Transitional Living Program last May. The client continues to reside there successfully, clean and sober. Client F is now working part-time as a dental technician. He attends at least one Alcoholic Anonymous meeting a day.

Table D.13: City of Pomona: Integrated Housing and Outreach Program
FY 2008-09, April – June 2009

(unduplicated clients)	FY		FY
Homeless Individuals	2	Eviction prevention	4
Chronic Homeless	3	Housing (emergency)	5
Homeless Families	4	Housing (transitional)	6
(individuals)	12	Housing (permanent)	1
Transition age youth	1	<i>Four families have spent 35 days in transitional housing to date.</i>	
Female	9	Job training	1
Male	9	Job placement	2
		CalWORKs	1
Hispanic	5	General Relief (and Food Stamps)	1
African American	13	Case management	11
15 and below	6	Health care	3
16-24	4	Life skills	6
25-49	5	Mental health care	1
50+	3	Social/community event	3
		Substance abuse treatment (outpatient)	3
		Transportation	4
		Food	7
Other			Quarter
Number placed in the Transitional Living Center (TLC)			n/a
Number of participants who remain in the TLC for at least six months			n/a
Number compliant with housing plan (keeping appointments, etc)			1
Average change in income for TLC participants (annually)			n/a
Number of agencies that use a uniform client consent form			-
Number of meetings held by Faith-based Committee			-
Number of organizations regularly participating on the Committee			-
Number of website hits for online directory (if available)			-
Number of agencies that are active on the POCC (based on meeting record attendance)			28
Number of service delivery recommendations implemented by the Committee and PCOC			-
Number of new collaborative relationships with landlords/owners/providers			2

VI. COUNCIL OF GOVERNMENTS (COGs)

26a) San Gabriel Valley Council of Governments

Budget: \$200,000 (On-going)

In April 2009, a study team consisting of the Corporation for Supportive Housing, Shelter Partnership, Inc., Urban Initiatives, and McDermott Consulting, presented the San Gabriel Valley Regional Homeless Services Strategy Final Report to the San Gabriel Valley Council of Governments (SGVCOG). The final report included a summary of priorities presented by sub-regional cluster group and the following key issues were identified.

- First Priority: Permanent Supportive Housing
- Second Priority: Short-Term Housing (Emergency Shelter & Transitional Housing)
- Third Priority: Access Center

Implementation Strategy and Recommendations

A summary of five-year housing and service targets was presented by cluster group. Overall for the region, three strategic objectives, related recommendations, and a timeline were presented.

Strategic Objective I: Develop Leadership, Political Will, and Community Support

- Recommendation 1: Create a Valley-wide Membership Based Organization for the Primary Purpose of Education, Advocacy, and Coordination
- Recommendation 2: Meet and Confer with Municipal Leaders, Community Groups, Business Leaders, Faith-based and Community Service Providers within the San Gabriel Valley

Strategic Objective II: Build Provider Capacity and Expand the Service Delivery System

- Recommendation 1: Engage Community and Faith-based Service Providers in Planning, Training and Overall Capacity Building
- Recommendation 2: Create More Housing Opportunities for Homeless Persons in the San Gabriel Valley
 - ✓ 588 units of permanent supportive housing over the next five years
 - ✓ 150 emergency shelter beds and 300 transitional housing beds for single individuals over the next five years
 - ✓ Scattered-site housing programs to serve 100 families annually
- Recommendation 3: Create an Access Center in Cluster Five (Claremont, Diamond Bar, Glendora, La Verne, Pomona, and San Dimas)
- Recommendation 4: Develop Valley-wide Referral and Information Sharing System

Strategic Objective III: Leverage and Maximize Utilization of Available Financial Resources

- Recommendation 1: Form a San Gabriel Valley Supportive Housing Pipeline Review Committee
- Recommendation 2: Commit Local Investments from Municipalities Across Multiple Jurisdictions within the San Gabriel Valley to Stimulate Housing Production
- Recommendation 3: Utilize New Funding Opportunities to Expand Short-term Housing and Rapid Re-housing Programs

26b) PATH Partners/Gateway Cities Homeless Strategy

Budget: \$135,000 (On-going)

PATH Partners presented the Gateway Cities Homeless Strategy to the Gateway Cities Council of Governments (GCCOG). The first three categories (LEAD, ENGAGE and COLLABORATE) provide recommended actions that will build the leadership and infrastructure required to plan, develop and successfully start up the proposed programs and services presented in the IMPLEMENTATION category of the strategy.

The LEAD phase includes identification of a current or new regional leadership entity as well as designating a "Homeless Liaison" for each city. The ENGAGE phase involves formation of a stakeholder

regional homeless alliance, implementation of “connections” strategies to engage the community, and development of a public education campaign. Third, the COLLABORATE category focuses on enhanced government-wide collaboration. Specific strategies include: leveraging \$1.2 million of County HPI funds to secure matching dollars within the region, exploring opportunities to secure funding from the American Recovery and Reinvestment Act of 2009, and organizing and coordinating the GCCOG cities to apply for additional funding; and coordinating a region-wide, multi-sector homeless collaborative event that integrates services and resources across agencies and departments, including government departments, service providers, faith groups and the business community. One example of an effective event that has produced demonstrated results in several communities are “homeless connect days.” The County of Los Angeles currently sponsors events that brings together hundreds of volunteers to engage homeless people and connect them to needed services all on one day.

The IMPLEMENT phase consists of four categories of implementation actions that are proposed as part of the Gateway Cities Homeless Strategy, which are all very closely intertwined and form a mini-“homeless strategy” in a region that effectively assists homeless individuals and families to move from the streets into housing and long-term independence –

- √ **Homeless Prevention Services:** The region will create a minimum of two new homeless prevention programs over the next 12 months to provide prevention services to the homeless. A target goal is to have a total of four programs formed (one in each of the four group areas of the GCCOG region), over the next 3-5 years to provide accessible prevention services to those in need. Each homeless prevention program will serve 500 unduplicated individuals annually, providing screening and assessments, prevention programs and housing assistance.
- √ **First Responders Program:** Geographic-based street outreach team(s) would serve as “first responders” and coordinate with local law enforcement, service providers, hospitals, businesses and others. Teams would be comprised of staff and/or volunteers, and would be multiPATH Partners 2009 disciplinary, utilizing staff from existing mental health providers, substance abuse treatment providers, county agencies, and faith groups. The GCCOG region will create a minimum of two new outreach teams over the next 12 months to provide outreach services to the Gateway Cities. A target goal is to have a total of four teams operating (one in each of the four group areas of the GCCOG) over the next 3-5 years to provide more accessible outreach services. Each outreach team will engage 80 new unduplicated homeless individuals and assist them in connecting to services annually.
- √ **Interim Housing:** Develop a strategy to “rapidly re-house” individuals into interim housing, with the end goal of long-term housing. This approach will be linked to street outreach teams and will focus on intensive housing and placement assistance upon entry into interim housing, and will include linkages to housing subsidies, rental assistance programs and other supportive services. Cities/communities would place special emphasis on connecting existing interim beds and programs to street outreach, homeless prevention services, permanent supportive housing and other supportive services. The region will create a minimum of two new interim housing programs (30-40 beds per program) over the next 12 months. A target goal is to have four new interim housing programs (one in each of the four group areas in the region) over the next 3-5 years to provide housing. Each new program will serve 100 unduplicated homeless individuals annually, providing them with housing, case management and assistance in connecting to long-term housing opportunities and supportive services.
- √ **Permanent Supportive Housing (PSH):** Create a multi-year plan to increase the stock of PSH units in the GCCOG region. A proposed goal for the region is to invest in the creation of 665 units of PSH over the next five years (2010 to 2014). The production goal of 665 new units will double the number of available supportive housing units. The goal is based on an assessment of the available funding resources the GCCOG will be able to realistically access to support the creation of new PSH units. The breakdown of the 665 unit production goal over five-years includes: one 40 unit development, 175 units of smaller PSH projects and set aside units, and 450 scattered-site leasing units. A plan will be developed for acquiring further rental vouchers and/or creating more subsidized housing in the region for homeless families and single adults who do not require supportive housing but do require affordable housing in order to end their homelessness as they transition out of interim housing.

27) Los Angeles Homeless Services Authority (LAHSA) Contracted Programs**Goal:** Emergency shelter and transitional housing are provided to families and individuals.**Budget:** \$1,735,000 (One-Time Funding)

Of these nine programs, seven program ended as of March 15, 2009; and two programs will end on June 30, 2011.

Table E.2: LAHSA Participants and Services

(unduplicated clients)	FY 2007-08	FY 2008-09	Total		FY 2007-08	FY 2008-09	Total
Homeless Families	483	275	758	Adult**	6,064	1,550	7,614
Homeless Individuals	3,162	890	4,052	Child	1,029	444	1,473
Chronic Homeless	2,206	336	2,542	Transition Age Youth		91	91
Female	1,938	493	2,431	Emergency housing	5,869	1,462	7,331
Male	3,931	1,003	4,934	Transitional housing	-	156	156
Hispanic*	1,385	647	2,032				
African American	2,838	636	3,474				
White	2,004	1,097	3,101				
Asian/Pacific Islander	151	83	234				
Native American	168	110	278				
Other	1,598	99	1,697				

*LAHSA uses the federal definition of Hispanic origin (which for the Feds includes all Spanish speaking nations in the Americas and Spain). There are two options: Hispanic or Non-Hispanic.

**The U. S. Department of Housing and Urban Development (HUD) defines an adult as a person 18 years of age or older. LAHSA uses the HUD definition of adult in its data collection process.

28) PATH Achieve Glendale**Budget:** \$150,000 (One-Time Funding)**Table E.3: PATH Achieve Glendale**
FY 2008-09, January – June 2009

(unduplicated clients)	YTD		YTD
Homeless Individuals	337	15 and below	209
Chronic Homeless	92	16-24	114
Homeless Families	*183	25-49	472
(Individuals)	550	50+	183
Female	515	Housing (emergency)	124
Male	464	Housing (transitional)	**29
		Housing (permanent)	119
Hispanic	302		
African American	402	Case management	520
White	249		
Asian/Pacific Islander	16		
Native American	10		

*A total of 550 individual family members was served; the number of families was calculated by dividing by three (estimated average family size).

**Transitional and permanent housing placement was estimated based on the ratio of transitional to permanent housing placements indicated in HMIS reports. The total number of placements (61 residents) was verified by an Emergency Housing Program report.

Successes: Access Center case managers served 232 individuals and 183 families (estimated number based on total number of family members served) experiencing homelessness during the reporting period. Some were living on the streets of Los Angeles County, others in a variety of shelter or housing programs. As of March 2009, 86 women, men, girls and boys were admitted into the 60-90 day Emergency Housing Program at PATH Achieve Glendale (PAG). Fifty-four percent of the households in Emergency Housing saved at least \$500. Fifty-three percent increased their life skills by accessing at least two supportive services. Of those who exited the shelter program, 73% were placed in permanent or transitional housing.

Challenges: PATH Achieve Glendale staff and managers have been working with City of Glendale administrators of the Homeless Management Information System (HMIS) to perfect the data and work bugs out of the system; however, there are still barriers to getting reliable reports based on the entered data.

Also, there is the ongoing challenge of placing local chronically homeless from the street into housing.

Action Plan: More regular meetings between PAG and City staff have been scheduled to address lingering issues and structure is being developed for documenting issues as they are identified.

A team is being assembled across disciplines and agencies to address the special needs of the most vulnerable on the street in Glendale in time to take advantage of five new Shelter + Care units.

Client Success Story: (Letter from a client) "When I came to PATH Achieve Glendale in March 2009, I was frightened and didn't know what to expect, being this was the first time I've been without a home. Tears were flowing and I couldn't stop them. Then I heard that PATH Achieve Glendale has a stress management class on Wednesday mornings. I went the next Wednesday and really enjoyed how the social worker taught her class so I made an appointment the same day for an individual eye movement desensitization and reprocessing (EMDR) appointment. Within two weeks the tears stopped flowing. I cannot tell you how much the social worker has helped me, she brought me through some painful things I shared. Her training skills really work and I use them today when I'm going through difficult situations. She has been a blessing to me. She's very kind and easy to talk to. I thank God that PATH Achieve has such a wonderful program."

A 74-year-old client has been working diligently with her case manager to meet her goals, including establishment of savings from her Social Security income, obtainment of necessary medical care for a chronic respiratory condition, and application for affordable housing. The client's application for subsidized housing has been accepted at a lovely building for seniors in the San Fernando Valley. She plans to move into her new apartment by July 1, 2009.



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

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Fifth District

February 11, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

According to the Los Angeles Homeless Services Authority (LAHSA), Los Angeles County has the highest concentration of homelessness in the nation (50,000 people). Various social and economic factors, as well as gaps in available housing and social services, have contributed to the crisis.

On April 4, 2006, your Board approved the County Homeless Prevention Initiative (HPI) in response to this crisis. The HPI consisted of two categories of funding: 1) \$15.4 million in funding for ongoing programs; and 2) \$80 million in one-time funding to develop innovative programs. Both funding categories are to focus on reducing or preventing homelessness. In approving the HPI, your Board directed the Chief Executive Office (CEO) to coordinate the preparation of quarterly status reports beginning in September 2006, providing your Board with implementation updates and analysis of results of the various HPI programs in reducing and preventing homelessness.

The CEO continues to implement specific key HPI programs in partnership with County Departments of Children and Family Services, Health Services, Mental Health, Probation, Public Defender, Public Health, Public Social Services, and the Sheriff, along with other agencies including the County's Community Development Commission, LAHSA, and various cities. Through September 2009, the HPI has been tremendously successful in implementing 30 programs and serving nearly 34,500 individuals and 15,500 families (some programs may serve the same participants).

The initiative focuses on reaching the following two goals through the six strategies shown below:

Goal 1 – Preventing Homelessness

- Housing assistance
- Discharge planning (transitional supportive services)

"To Enrich Lives Through Effective And Caring Service"

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Goal 2 – Reducing Homelessness

- Community capacity building
- Regional planning
- Supportive services integration linked to housing
- Innovative program design

Three attachments are included with this memo:

1. Executive Summary of Fiscal Year (FY) 2009-10, First Quarter;
2. HPI Status Report (Attachment A): The FY 2009-10 First Quarter HPI status report includes information on program participants, services provided, and associated outcomes; and
3. Index of Programs (Attachment B): The table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included with a description of successes, challenges, an action plan, and a client success story.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts. If you have any questions, please contact me or your staff may contact Jacqueline White, Deputy Chief Executive Officer at (213) 974-4530, or via e-mail at jwhite@ceo.lacounty.gov.

WTF:JW:KH
VKD:hn

Attachments (3)

- c: Children and Family Services
- Community Development Commission
- Health Services
- Mental Health
- Probation Department
- Public Defender
- Public Health
- Public Social Services
- Sheriff
- City of Santa Monica
- Los Angeles Homeless Services Authority
- Public Counsel
- Skid Row Housing Trust



Los Angeles County HOMELESS PREVENTION INITIATIVE (HPI)

FY 2009-10, JULY – SEPTEMBER, FIRST QUARTER EXECUTIVE SUMMARY



Above: At the Center for Community Health Downtown Los Angeles Grand Opening *from left:* Fred Ali (Weingart Foundation), Gregory Scott (Weingart Center Association), and Al Ballesteros (JWCH Institute, Inc.).

Top left: The Center's Registration. *Bottom from left:* Care Team members: Karina Manayan, Bianca Gurrola, Dr. Sarah Carpenter, and Beatriz Torres.

SPOTLIGHT ON HEALTH CARE FOR THE HOMELESS

Approximately 5,000 homeless people live in the Skid Row area in downtown Los Angeles. Knowing that about 70% of the County's homeless population suffers from mental illness, substance abuse problems, or AIDS/HIV-related illness, the majority of these individuals have multiple medical needs. However, without regular health care, high utilization of ERs and lengthy inpatient stays have dramatically increased cost. By providing access to a medical home, health outcomes for individuals would improve.

In July 2009, JWCH Institute, Inc., in partnership with the County of Los Angeles, and the Weingart Center Association, opened the Center for Community Health Downtown Los Angeles (CCH), a state-of-the-art, 21,000 square foot medical facility, made possible by the Weingart Foundation and other funders. Serving the homeless and low-income communities in and around Skid Row, CCH offers medical, mental health, substance abuse services, dentistry, ophthalmology, and pharmacy. The CCH is a result of collaboration among public and private partners committed to enhance access to health care through an innovative and integrated model.

On October 29, 2009, representatives from the Offices of Congresswoman Roybal-Allard, the County Board of Supervisors, the Mayor, Weingart, and JWCH attended the Center's ribbon cutting ceremony for an official grand opening. Expected to provide health care to 9,000 patients annually, the Center's dedicated team provided care to 2,377 new patients during July-September 2009. Moreover, linkages with community-based organizations connect patients with job training and housing. Fred Ali, president and CEO of the Weingart Foundation remarked, "[The Center] is an exciting culmination of community efforts to address the important health care needs of individuals in downtown Los Angeles."

The HPI has served nearly 34,500 individuals and 15,500 families. For each strategy, specific outcomes and a combined total of actual expenditures are listed. For both the Housing Assistance and Supportive Services Integration and Linkages to Housing strategies, cumulative results are shown.

GOAL 1: PREVENTING HOMELESSNESS

HOUSING ASSISTANCE

Eviction Prevention **\$9,763,711**
Moving Assistance
Rental Subsidy

Through housing assistance, individuals, youth, and families maintain permanent housing.

- **4,856 individuals and 10,641 families received housing assistance, which prevented homelessness.**

Note: A participant who received more than one type of housing assistance was counted once.

DISCHARGE PLANNING

Access to Housing for Health **\$7,324,964**
Homeless Release Projects
Just In-Reach Program
Recuperative Care

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

- **3,738 clients received public benefits.**
- **171 clients placed into permanent housing.**
- **90% decrease in inpatient days and 83% decrease in ER visits a year post enrollment.**

GOAL 2: REDUCING HOMELESSNESS

COMMUNITY CAPACITY BUILDING

City and Community Program (CCP) **\$3,475,422**
Revolving Loan Fund

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

- **3,260 individuals and 531 families received 8,759 linkages to supportive services and 893 housing placements.**

REGIONAL PLANNING

Homeless Services **\$3,250,000**
Long Beach Homeless Veterans

Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

- **Gateway and San Gabriel Valley Council of Governments (COG) presented regional plans to include 1,253 units of permanent housing.**

SUPPORTIVE SERVICES INTEGRATION AND LINKAGES TO HOUSING

\$11,083,464
Case Management
Housing Locators
Multi-disciplinary Team/Access Center

Provide clients with integrated supportive services and housing. Supportive services include case management, health care, mental health services, and substance abuse treatment.

- **12,377 individuals and 6,101 families placed into emergency, transitional, and permanent supportive housing.**
- **26,027 linkages to integrated supportive services enhanced participants' well-being.**
- **9,408 individuals and families achieved greater self-sufficiency through public benefits, income support, and connections to employment opportunities.**

INNOVATIVE PROGRAM DESIGN

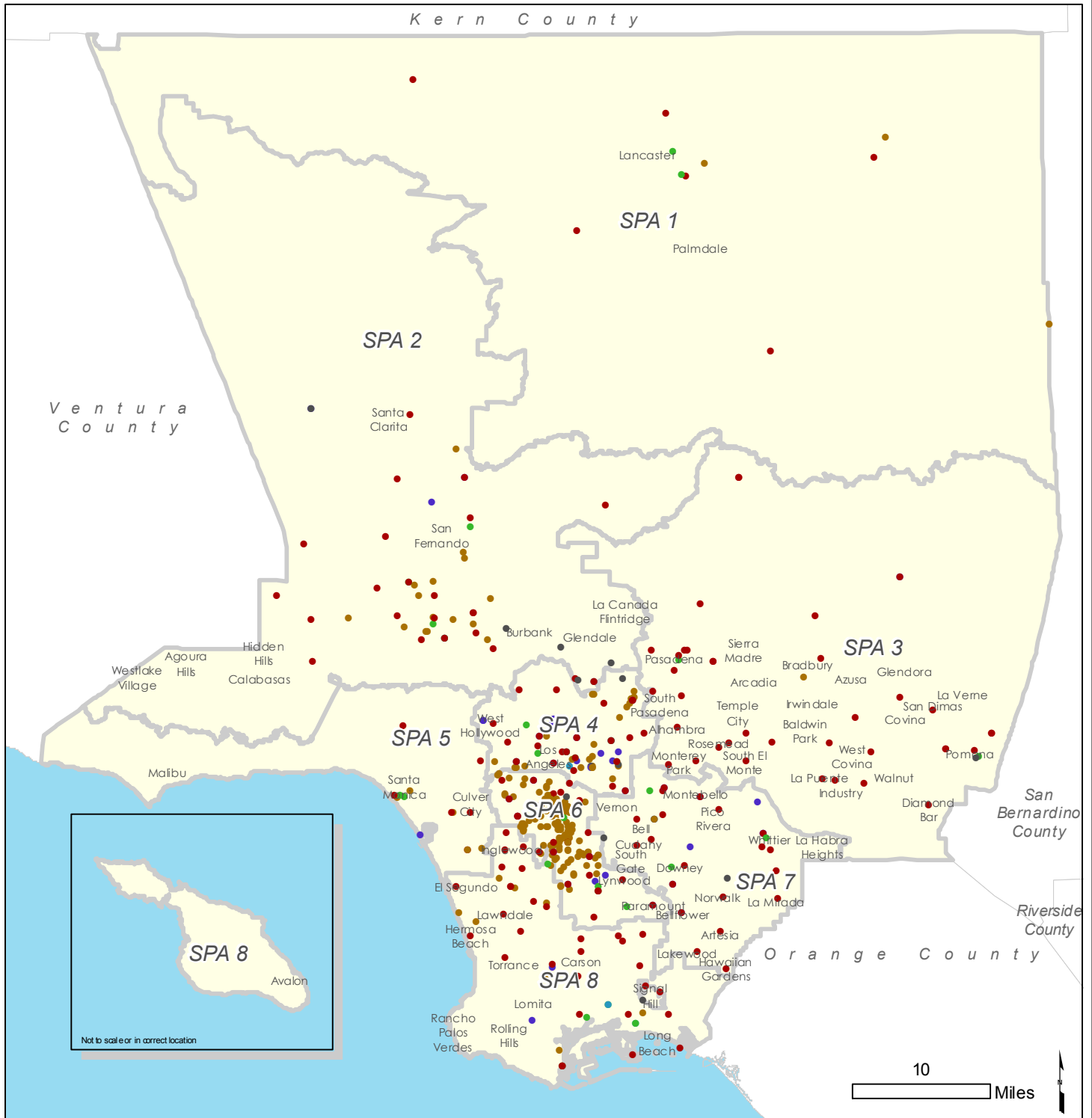
\$17,044,622
Project 50
Skid Row Families Demonstration Project
Homeless Court
Housing Resource Center
Santa Monica Service Registry

Provide access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

- **75 chronic homeless individuals placed into permanent supportive housing.**
- **241 Skid Row families placed into permanent rental housing.**
- **Citations and warrants dismissed for 1,409 individuals.**
- **Over 3.6 million housing searches conducted.**

County of Los Angeles Regional Homeless Prevention Initiative

Housing Placement and Service Locations by Service Planning Area (SPA)



Strategy

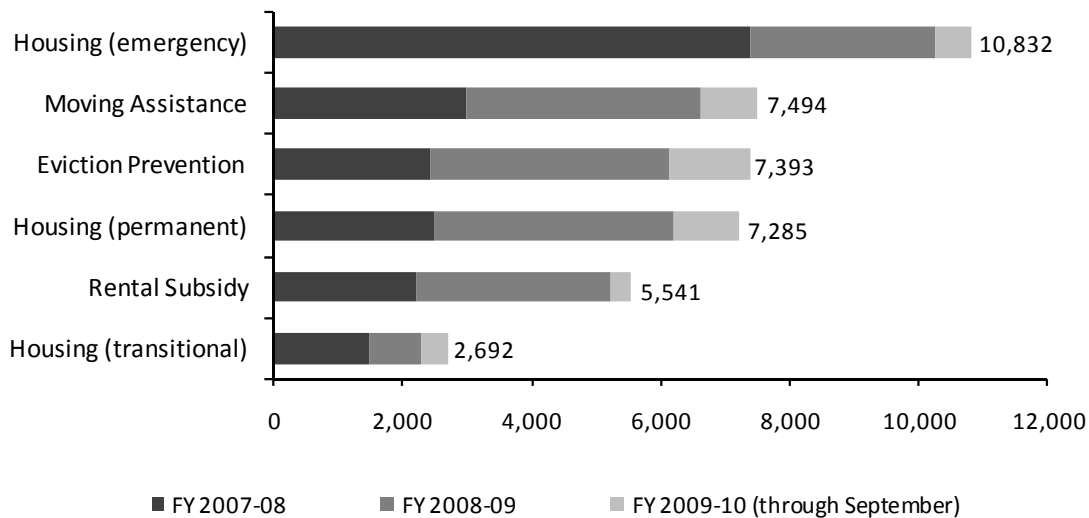
- 1 - Housing Assistance
- 2 - Transitional Supportive Services
- 3 - Community Capacity Building
- 4 - Regional Planning
- 5 - Supportive Services Integration and Linkages to Housing
- 6 - Innovative Program Design

Notes:

- i) The following HPI programs are offered Countywide:
General Relief Housing Subsidy and Case Management Project
Los Angeles County Homeless Court
Los Angeles County Housing Resource Center
Moving Assistance for Single Adults in Emergency/Transitional Shelter
or Similar Temporary Group Living Program
Project Homeless Connect
- ii) Strategy 4 - Regional Planning includes San Gabriel Valley Council of Government Plan
and Gateway Cities Homeless Strategy.
- iii) Rental subsidies were provided to transition age youth who moved to cities
in other counties, including: San Bernardino, Riverside, Kern, Orange, San Diego,
Ventura, and Santa Barbara.

It is the County's goal to work with community partners to further reduce and prevent homelessness. The chart below shows the number of HPI participants who received housing and financial assistance through September 2009.

HPI Participants Receiving Housing/Housing Assistance



Information about the County of Los Angeles Homeless Prevention Initiative

The Los Angeles County Board of Supervisors invested resources to address and prevent homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The Chief Executive Office (CEO) continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), Community Development Commission (CDC), and various cities. To date, the HPI has been tremendously successful in implementing 30 programs and serving nearly 34,500 individuals and 15,500 families. The initiative focuses on reaching the following two goals through six strategies shown below:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none"> • Housing assistance • Discharge planning (transitional supports)
Reducing Homelessness	<ul style="list-style-type: none"> • Community capacity building • Regional planning • Supportive services integration and linkages to housing • Innovative program design

For additional information, please contact Vani Dandillaya at vdandillaya@ceo.lacounty.gov.



Homeless Prevention Initiative (HPI)
FY 2009-10, First Quarter Status Report

TABLE OF CONTENTS

Following the **Executive Summary** of this report are two attachments.

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Attachment B: Index of HPI Programs by Population (*Table on page 1*)

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HOMELESS PREVENTION INITIATIVE (HPI) STATUS REPORT FY 2009-10, First Quarter

I. INTRODUCTION

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of 30 programs included in the Los Angeles County Homeless Prevention Initiative (HPI) during July-September of FY 2009-10. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies, departments, and several partner organizations meet frequently to ensure consistent communication and integration of services and facilitate successful implementation of HPI programs serving the County's homeless population.

HPI funding has allowed for greater access to housing and supportive services for the homeless and at-risk population. This HPI status update highlights results achieved through program strategies that have served nearly 34,500 individuals and 15,500 families.¹ This report features components of the HPI, associated outcomes, and opportunities to strengthen County homeless coordination.

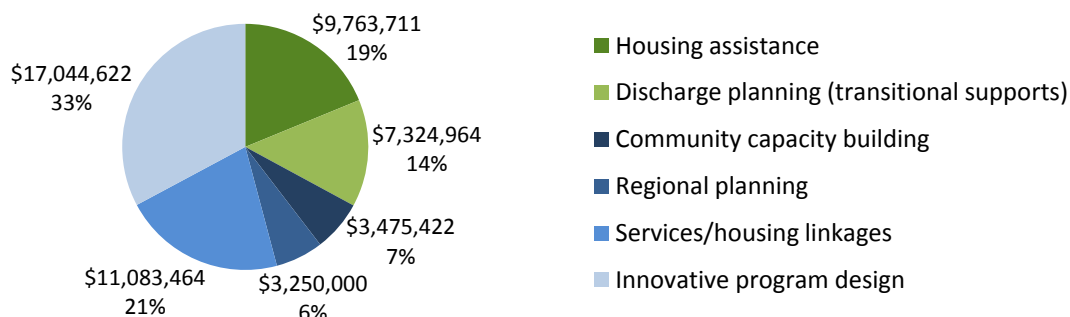
Goals and Strategies

As mentioned in the Executive Summary, the CEO continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), CDC, and various cities. The initiative focuses on meeting the following two goals through six strategies shown:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none"> • Housing assistance • Discharge planning (transitional supports)
Reducing Homelessness	<ul style="list-style-type: none"> • Community capacity building • Regional planning • Supportive services integration and linkages to housing • Innovative program design

¹ Currently, a standardized data system is not in place to determine if any client is shared across programs, therefore, the total number of participants may include a duplicate count.

Chart 1: Actual Expenditures
Total: \$51,942,183*



*Actual expenditures are approximately \$54.9 million. Additional expenditures include: 1) Board approved operational support at \$1.9 million (FY 2006-07); and 2) operational support, administrative, and evaluation costs at approximately \$1.2 million. *From upper right (clockwise) beginning with Housing Assistance.*

Actual Expenditures by Strategy

In this report, total expenditures include FYs 2006-07, 2007-08, and 2008-09 actual expenditures. The total expenditures for the HPI programs in this report are \$54.9 million. Chart I shows that 33 percent of all expenditures have been spent on the initiative's first goal to prevent homelessness. Sixty-seven percent of all expenditures have been spent on the HPI's second goal to reduce homelessness. In addition, Chart I shows the amount expended by each strategy. For the community capacity building strategy, capital projects for housing development have been delayed due to the economic conditions, therefore, the actual expenditures are significantly less than previously estimated for FY 2008-09. Through FY 2008-09, the greatest percentage (one-third) of actual expenditures was spent on innovative programs, including *Housing First* models for chronically homeless participants.

The following sections of the HPI status report provide an overview of participants and the initiative's progress in preventing and reducing homelessness.

II. PARTICIPANTS

During the first quarter of FY 2009-10, 26 of 30 implemented HPI programs² directly served the County's homeless and nearly homeless. While several programs served more than one population, participants in 19 programs corresponded to one of five categories: homeless individuals (seven programs), chronic homeless individuals (four programs), transition age youth (two programs), homeless and at-risk families (six programs). Attachment B provides an overview of programs. To date, Table 1 shows HPI improved the lives of 34,503 individuals and 15,491 families.³ During the first quarter, the number of families and individuals served increased by 16 and 20 percent, respectively.

Table 1: Number of Contacts by Participant Category

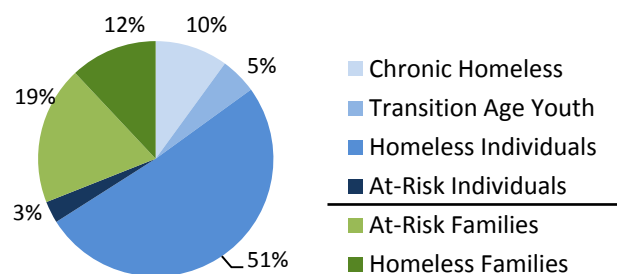
FY 2009-10 through September 30, 2009

	FY 2009-10*	FY 2008-09*	FY 2007-08	Cumulative	First Qtr. Increase
Homeless Individuals	4,829	8,722	12,206	25,757	23%
Chronic Homeless Individuals	288	2,181	2,443	4,912	6%
Transition Age Youth	77	1,100	1,122	2,299	3%
At-Risk Individuals	461	983	-	1,444	47%
Total for Individuals	5,655	12,986	15,771	34,412	20%
Homeless Families	241	1,860	3,950	6,051	4%
At-Risk Homeless Families	1,871	5,082	2,487	9,440	25%
Total for Families	2,112	6,942	6,437	15,491	16%
TOTAL	7,767	19,928	22,208	49,903	18%

*FYs 2008-09 and 2009-10: Returning participants were not included in order to calculate an unduplicated count.

Correction: In previous quarterly report, the cumulative number of transition age youth through June 30, 2009 was 2,222.

Chart 2: Percent by Participant Category



From upper right (clockwise) beginning with Chronic Homeless.

Chart 2 illustrates that of HPI participants, 69 percent were individuals and 31 percent were families. According to LAHSA, 12 percent of the total homeless population lives in families,⁴ and homeless families made up 12 percent of all HPI participants. Of all HPI participants who were individuals, 51 percent were homeless adults, and five percent were transition age youth. Approximately one-fourth of the homeless in the County are chronically homeless,⁵ while these individuals made up 10 percent of all participants.

² While Housing Locator and Housing Specialists programs are included, these programs are funded by CalWORKs Single Allocation and DMH Mental Health Services Act (MHSA), respectively. City and Community Program includes 21 separate programs.

³ Note most programs provided an unduplicated participant number; however, four programs included a duplicated participant count during FY 2007-08. Housing Locators/Housing Specialists are included in total participant count.

⁴ LAHSA 2009 Greater Los Angeles Homeless Count.

⁵ Ibid.

Participant Characteristics

During the first quarter, all 26 programs provided demographic information for program participants. Demographic information included gender, age, and race/ethnicity of participants. To obtain data on HPI participants, demographic information from new participants served during this past quarter was included. Gender information from LAHSA contracted programs was added. Due to different categorization for race/ethnicity and age, these statistics for LAHSA contracted programs are shown separately in Attachment B.

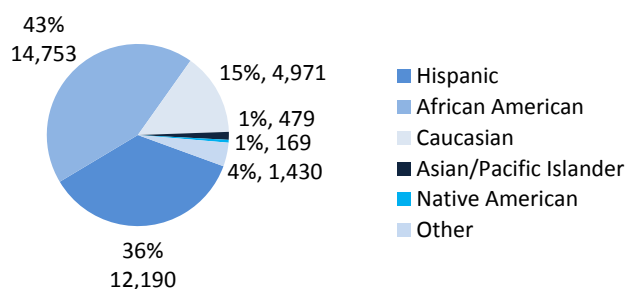
Gender

Approximately 67 percent of the homeless population in Los Angeles County consists of adult men.⁶ Of the 34,038 participants whose gender was provided, 55 percent (22,168) were male and 45 percent (18,647) were female.

Race/Ethnicity

The total homeless population in Los Angeles County is 47 percent African American and 29 percent Hispanic/Latino. Chart 3 shows 43 percent of HPI participants were African American, 36 percent were Hispanic/Latino, and 15 percent Caucasian. The remaining six percent of participants included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

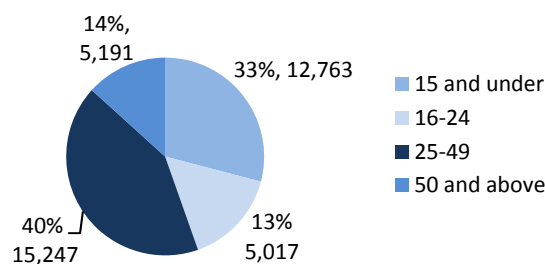
Chart 3: Race of HPI Participants (n=33,992)



Age

Of all HPI participants, a total of 40 percent was between 25-49 years of age. Chart 4 shows that of HPI participants whose age was provided, 33 percent were children 15 years of age or younger, 13 percent of participants were between the ages of 16-24, and 14 percent were 50 years of age and older.

Chart 4: Age of HPI Participants (n=38,218)



⁶ LAHSA 2009 Greater Los Angeles Homeless Count.

III. GOALS, STRATEGIES, AND OUTCOMES

Goal I: Preventing Homelessness

Strategy ① Housing Assistance

\$9,763,711

Through housing assistance, individuals, youth, and families maintain permanent housing.

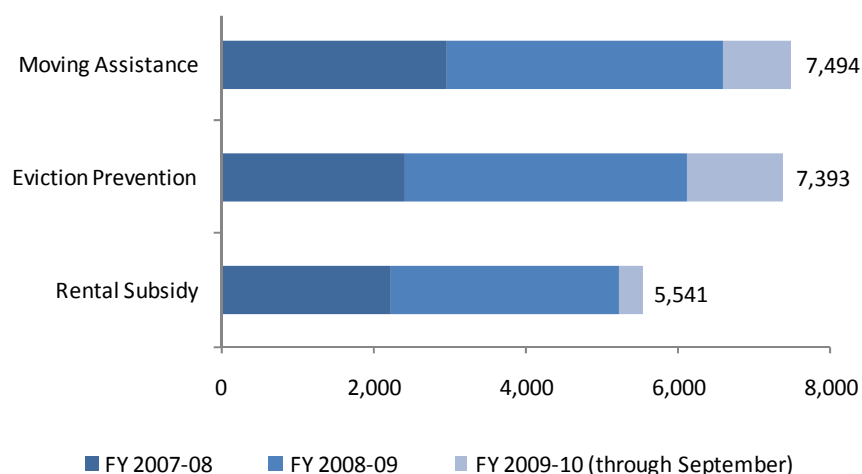
Eviction Prevention • Moving Assistance • Rental Subsidy

HPI programs provided housing assistance through moving assistance, eviction prevention, and rental subsidies; five programs focused on these services. **Through September 2009, a total of 15,497 participants received housing assistance to secure permanent housing and prevent homelessness.** A participant who received more than one type of housing assistance was counted once. Table 2 shows 69 percent of participants who obtained housing assistance were families, 25 percent were individuals, and seven percent were transition age youth. Table 2 illustrates that a greater proportion of individuals and transition age youth received rental subsidies, whereas significantly more families obtained eviction prevention. Chart 5 shows the number of participants who received each type of housing assistance through September 2009.

Table 2: Through September 2009		Housing Assistance	Moving Assistance	Rental Subsidy	Eviction Prevention
Individuals	3,830	25%	2,745	4,497	94
Transition Age Youth	1,026	7%	580	930	2
Families	10,641	69%	4,155	376	7,271
Total participants	15,497	100%	7,480	5,803	7,367
Expenditures		\$9,763,711	\$5,467,886	\$688,274	\$3,607,551

The following participants were not included in Table 2: 143 participants who received moving assistance, 202 who received eviction prevention, and 150 who received rental subsidies.

Chart 5: Housing Assistance Provided to HPI Participants



During July –September 2009, the number of HPI participants who received eviction prevention and moving assistance increased by 40% and 31% respectively - the greatest quarterly rate increases for these HPI programs since FY 2007-08.

Strategy ② Discharge Planning (Transitional Supports)

\$7,324,964

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

Access to Housing for Health (AHH) • Recuperative Care • Homeless Release Projects (DPSS-DHS and DPSS-Sheriff) • Just In-Reach Program (JIR)

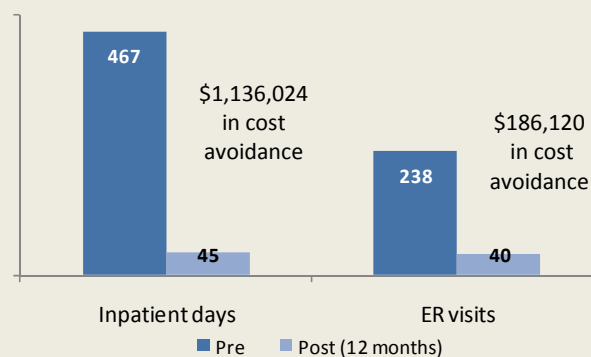
Discharge Planning for Hospital Patients

Access to Housing for Health (AHH), Recuperative Care, and DPSS-DHS Homeless Release programs provided discharge planning for hospital patients at-risk of becoming homeless. A discharge plan connected patients to services that helped them attain stable housing and a better quality of life. Both the AHH and Recuperative Care programs have shown improvements in health outcomes, such as reductions in Emergency Room (ER) visits and inpatient hospitalizations.

Outcomes

- **Improved Health:** Since March 2007, 40 AHH clients completed 12 months with an 83% decrease in ER visits and a 90% reduction in inpatient days.
- **Cost Avoidance:** After 12 months, a reduction in the number AHH patients' ER visits and inpatient days resulted in the cost avoidance of \$1.3 million (Chart 6).
- **Linkages to Public Benefits:** These programs made 614 connections to public benefits for individuals, including: Supplemental Security/Disability Income (SSI/SSDI), Medi-Cal, and General Relief (GR).
- **Housing Stability:** AHH placed 73 individuals into permanent housing, and 96 percent (52 individuals to date) have maintained permanent housing for six months or more.

Chart 6: AHH Participant Outcomes and Cost Avoidance (n=40)



Discharge Planning for Individuals Released from Jails

Just In-Reach (JIR) and DPSS-Sheriff Homeless Release projects connected individuals to services and benefits prior to release from jail to help support steps towards building a better future, including stable housing and employment.

Outcomes

- **Linkages to Public Benefits:** The JIR and DPSS-Sheriff Homeless Release projects served 5,086 individuals and made 3,124 connections to such public benefits as: GR, Food Stamps, SSI/SSDI, and Veteran's benefits.
- **Housing Placement:** Housing locators have assisted 404 individuals with housing placement. Through the JIR program, 186 clients identified as homeless or chronically homeless have been released to housing, transitional living or a residential program.
- **Transition to Communities:** By offering case management to all JIR clients, 332 linkages have been made to job training/placement or education. The recidivism rate of JIR participants has been 34% this past year, which is half that of the general County Jail system population (70%).

Goal 2: Reducing Homelessness

Strategy 3 Community Capacity Building

\$3,475,422

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

City and Community Program (CCP) • Revolving Loan Fund

City and Community Program (CCP)

- To date, 14 programs served 3,260 individuals and 531 families. They made **8,759 linkages to supportive services and 893 housing placements**. Fourteen of 15 service contracts were executed.
- Nine capital projects were funded under the CCP. The CDC is in constant contact with all developers and set up internal tracking systems to monitor project progress. As of June 2009, the Bell Shelter project was completed to provide an additional 30 beds of transitional housing with supportive services for individuals. Loan agreements are being finalized for three capital projects. The progress of many projects has been delayed by the State budget freeze, and one project (Century Villages at Cabrillo) is awaiting State funding. Another project (Mason Court) is in need of additional gap financing. The CDC is determining with each developer, whether or not to enter into the grant agreements soon or if it is best to wait until near the beginning of construction to avoid the necessity of several amendments.

Revolving Loan Fund (RLF)

- The collapse of the capital markets in 2008 negatively affected RLF operations. The Investor suspended its participation, and the search for a new investor began. Further, market conditions have made it very difficult to attract a new investor using the existing risk structure. Many potential investors are now requiring additional insulation from losses. Despite this, Los Angeles County Housing Innovation Fund, LLC (LACHIF) members have successfully identified new investors. On July 28, 2009, \$9.8 million was wired to the LACHIF. The Board of Commissioners approved a restructuring plan, and the LACHIF is negotiating investments by three financial institutions.

Strategy 4 Regional Planning

\$3,250,000

Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

Gateway Cities Council of Government (COG) • San Gabriel Valley COG • Long Beach Homeless Veterans

- The San Gabriel Valley Council's of Government (COG) and the Gateway Cities COG are in the process of beginning phase II of their respective initiatives. Phase II will consist of overseeing the implementation of each plan. The efforts will serve to create affordable permanent housing, interim housing, homeless services, and capacity building. The County's Chief Executive Office is creating funding agreements with the COGs and/or their contracted partner to support these efforts.
- Over the next five years, San Gabriel Valley COG's Regional Homeless Service Strategy includes an objective to create 588 units of permanent supportive housing, and PATH Partners' Gateway Cities Homeless Strategy plans to create 665 permanent supportive housing units (Attachment B, p. 67).
- Long Beach Homeless Veterans served 275 veterans this quarter. Services included: case

management, child support reduction, mental health care, and housing. Single Parents United N Kids (SPUNK) closed 16 child support cases for a total arrears savings of \$278,827. Due to the program's continued success, SPUNK is expanding services to the Veterans Affairs Medical Center and Beacon House, a residential substance abuse center that serves a large number of veterans. The Veterans Affairs Long Beach Healthcare System is scheduled to receive 105 HUD-VASH vouchers; through ongoing coordination between program and VA staff, these vouchers will provide veterans with housing stability.

Strategy 5 Supportive Services Integration and Linkages to Housing \$11,083,464

Clients receive integrated supportive services and housing.

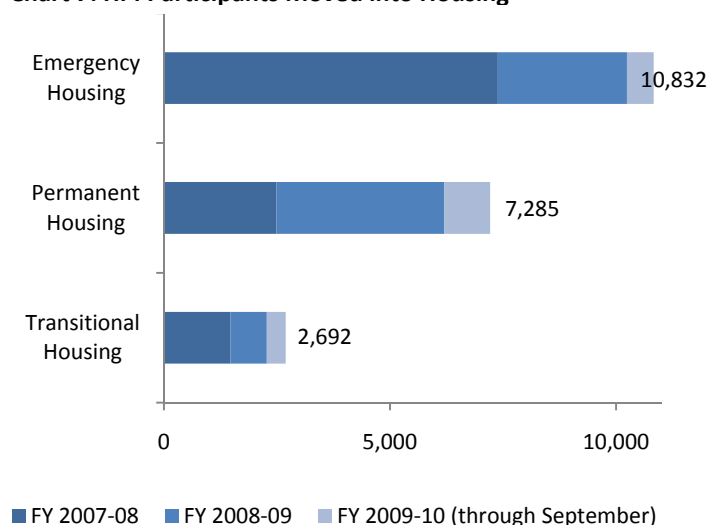
Case Management • Housing Locators • Multi-disciplinary Team/Access Center • Project Homeless Connect

Linkages to Housing – Chart 7 shows that a total of 7,285 participants received permanent housing. Of the total categorized by population, 64 percent were families, 11 percent transition age youth, and 25 percent individuals, as shown in Table 3. In contrast, 83 percent of individuals received emergency/transitional housing placement. This quarter, 19 programs placed participants into temporary housing. Participants in these programs spent an average of 79 days in temporary housing prior to permanent or transitional housing. Participant stay in temporary housing ranged from three to 180 days. Five programs focus on supportive services integration and linkages to housing. An example is the state-of-the-art Center for Community Health (CCH) Downtown Los Angeles, which is a collaborative effort of the Weingart Center Association, JWCH Institute, and the County of Los Angeles.

Table 3: Housing Placement through September 2009	Emergency/ Transitional		Permanent Housing	
Individuals	9,621	83%	1,693	25%
Transition Age Youth	287	2%	776	11%
Families	1,713	15%	4,388	64%
Total	11,621	100%	6,857	100%

Services not categorized by population above: 428 who were moved into permanent housing; 1,308 who were moved into transitional housing; and 595 who were placed into emergency housing.

Chart 7: HPI Participants Moved into Housing



Supportive Services Integration – Participants received supportive services in three categories: 1) employment/education, 2) benefits advocacy and enrollment assistance, and 3) health and human services.

Employment/Education Services and Support

Through September 2009, 15 HPI programs reported a total of 2,138 participants received job and/or education related supports (Table 4). Fifty-nine percent of these participants received job training, referrals, or related resources. Participants in these programs included transition age youth, chronic homeless individuals and families on Skid Row, and participants with co-occurring disorders. As programs continue to make linkages to job and education related services and build infrastructure for data collection, these numbers have increased. By supporting the employable homeless to overcome barriers in obtaining and maintaining employment, more individuals have attained greater self-sufficiency.

Table 4: Jobs/Education	FY 2009-10	Cumulative*	Percent
Job training/referrals/resources	218	1,267	59%
Education (course, class, books)	77	481	23%
Job placement (employment)	45	390	18%
Total number of services provided:	340	2,138	100%

*Cumulative includes: FYs 2008-09 and 2009-10 through September 30, 2009.

Benefits Advocacy and Enrollment Assistance

For participants who entered programs in need of specific public benefits, 23 HPI programs reported enrolling homeless individuals and families. Table 5 shows that through September 2009, 4,603 homeless individuals were enrolled into General Relief, which consisted of 63 percent of all benefit enrollments. Ten percent of participants were enrolled into Supplemental Security/Disability Income (SSI/SSDI), and 12 percent received Shelter Plus Care or Section 8 to secure permanent housing. This quarter, the rate increase for enrollments increased significantly for several benefits. The number of HPI participants who enrolled into Food Stamps increased by 78 percent - the greatest percent increase from the previous quarter. The number of HPI participants receiving CalWORKs increased by 76 percent, and the number receiving Medi-Cal/Medicare increased by 56 percent during this quarter.

Table 5: Benefits	FY 2009-10	Cumulative*	Percent
General Relief (and Food Stamps)	415	3,932	54%
SSI/SSDI	175	712	10%
General Relief only	72	671	9%
Shelter Plus Care	127	489	7%
Medi-Cal or Medicare	165	458	6%
Food Stamps only	147	336	5%
Section 8	66	330	5%
CalWORKs	121	281	4%
Veterans	20	61	<1%
Total number of benefits provided:	1,308	7,270	100%

*Cumulative includes: FYs 2008-09 and 2009-10 through September 30, 2009.

Supportive Health and Human Services

Through the first quarter of FY 2009-10, 18 programs (including the City and Community Program) made 26,027 linkages between participants and supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 6 shows 28 percent (7,301) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 21 percent of linkages were for health care (5,501), and 10 percent (2,752) were for mental health care. Another 10 percent of these linkages connected participants to transportation services, including bus tokens and public transportation.

With 69 percent of the homeless population having a mental illness, substance abuse problem, or AIDS/HIV-related illness,⁷ linking these individuals and families with health care, mental health care, and substance abuse services is critical. Additionally, with the Recovery Act's Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds, the County has expanded services to assist families and individuals with credit repair, legal assistance, and money management. In a 2009 HPI survey, providers also indicated interest in improving access to child care, law enforcement, and employment support.

Twenty-five programs reported providing case management services, and 15 programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.⁸ Hours provided to each participant per month ranged from 1 to 337 hours (average of 33 hours) with an average caseload of 28 cases per case manager.

Table 6: Supportive Services	FYs 2008-09 and 2009-10 (through September)	Percent	FY 2007-08*
Case management	7,301	28%	2,257
Health care	5,501	21%	183
Mental health care	2,752	10%	615
Transportation	2,568	10%	182
Life skills	2,385	9%	676
Alternative court	1,526	6%	286
Resident rights/responsibilities	904	3%	-
Substance abuse treatment	801	3%	130
Social/community activity	788	3%	51
Food vouchers/food	521	2%	414
Recuperative care	436	2%	45
Other**	275	1%	5
Clothing/hygiene	147	1%	80
Legal services	122	1%	15
Total number of services provided to participants:	26,027	100%	4,939

* For FY 2007-08, this report includes LAHSA contracted programs that provided referrals to mental health care (including domestic violence counseling) and substance abuse treatment.

**Other services include: auto insurance, driver's license release, identification card, and credit repair.

⁷ LAHSA 2009 Greater Los Angeles Homeless Count.

⁸ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

Strategy 6 Innovative Program Design

\$17,044,622

Provides access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

Project 50 • Santa Monica Service Registry • Skid Row Families Demonstration Project • Homeless Courts • Housing Resource Center

INNOVATIVE PROGRAM OUTCOMES

Housing First Models

- **Housing stability:** On average, *Housing First* models showed a successful 90 percent housing retention rate for individuals and families in permanent housing for six or more months. Housing First programs include: Project 50, Skid Row Families Demonstration Project, and the Santa Monica Service Registry.
- **Increased income:** After one year, Project 50 participants showed a 56 percent increase in benefits since enrollment.
- **Improvement in overall health and well-being:** At the end of one year, Project 50 participants spent significantly fewer days in ERs, hospitals, and jails with considerable cost savings for the County.

Homeless Courts

- **Pathways to self-sufficiency:** Ninety-one percent of Homeless Court participants had their warrants or citations dismissed, and they have been able to move forward by securing employment, reconnecting with their families, and planning for their future.

Los Angeles County Housing Resource Center (LACHRC)

- **Information sharing:** Over 3.6 million searches for housing listings have been conducted online.

The HPI Report Form requested for programs to report on three outcome areas for participants receiving services for 6, 12 and 18 months. The three outcome areas were: 1) housing stability, 2) education and employment status, and 3) health and well-being. Seventeen programs that served chronic homeless individuals, transition age youth, and homeless individuals and families reported on these longer-term outcome areas.

Point in time outcomes for this past quarter at 6, 12, or 18 months post enrollment:

- **Housing stability:** A total of 1,422 participants continued to live in permanent housing and 1,363 continued to receive rental subsidies.
- **Employment/education:** A total of 58 participants obtained employment, 105 maintained employment, and 90 enrolled in an educational program.
- **Health and well-being:** The following number of participants continued to receive these services for six months or more: 1,900-case management; 2,855-health care; 820-mental health services; and 204-substance abuse treatment.

A brief description of each innovative program:

- **Project 50** – The project is a successful collaboration that includes over 24 government and non-profit agencies. Based on Common Ground's *Street to Home* strategy, Project 50 integrates housing and supportive services for vulnerable, chronic homeless individuals living near downtown Los Angeles on Skid Row. A year after its launch, the pilot successfully moved 50 vulnerable, chronic homeless individuals off of Skid Row with an impressive housing retention rate of 86 percent. Moreover, significant decreases in hospitalizations and emergency room visits indicate improved health and behavioral health outcomes. In addition to improving the quality of life for these 50 individuals, estimates show considerable cost savings as a result of fewer days spent in ERs, hospitals, and jails.
- **Skid Row Families Demonstration Project** – A total of 241 families have been placed into permanent housing. Of these families, 94 percent have successfully maintained permanent housing for six or more months (213 have maintained their permanent housing for 12 months or more, 10 families have maintained permanent housing for seven to 12 months, and three families are in their first six months of permanent housing). For the first six months in permanent housing, families are offered home-based case management. Consistent contact has enabled the Housing First Case Managers to develop positive relationships based on trust. Case management has included linking families to various supportive services, including: community resources, mental health referrals, school referrals, job training referrals, money management, and financial planning. After six months of home-based case management to help families stabilize, the majority of families received follow-up phone calls to ensure they are doing well and are not in crisis.
- **Homeless Courts** – A total of 1,409 individuals have had their warrants or citations dismissed as a result of successful completion of mental health and/or substance abuse treatment requirements of the Los Angeles County Homeless Court and Santa Monica Homeless Community Court. In addition, 12 individuals have graduated from the Co-Occurring Disorders Court to have charges dismissed. As a result of having outstanding warrants, citations, or charges resolved, these individuals have been able to move forward by securing employment, reconnecting with their families, and planning for their future. For example, one participant obtained his GED, became a certified cook and hopes of owning his own restaurant. Another participant said that the program has changed his life by helping him achieve sobriety for over 17 months and reunite with his family.
- **Los Angeles County Housing Resource Center (LACHRC)** – The online database provides information on housing listings for public users, housing locators, and caseworkers. Over 3.6 million searches have been conducted by users to receive listings. The LACHRC is an excellent example of using technology to make information more accessible, and clients are very grateful for this service. In October 2009, the LACHRC added a pre-screening feature to determine HPRP program eligibility and further improve system navigation for clients.

IV. PROGRAM NARRATIVE (included in Attachment B)

Each quarter, programs provide information on successes, challenges, and action plans. A review has identified four common themes in implementing strategies to reduce homelessness: collaborative partnerships, innovative processes, outreach strategies, and leveraged funds.

Client Success Stories

A Co-Occurring Disorders Court (CODC) program participant in his own words-

"I work at SSG Central Mental Health. I am also a member of the Peers Program. Peers help people with mental and addiction histories become employable. A year ago, I was on drugs and never thought I had a mental problem. Yet, I had spent 20 years in and out of drug programs. I went to jail, and then ended up at SSG. And for the first time in my life, I got help with my addiction and mental problems. I love my job and never thought I could have the life I have today."

A Los Angeles County Homeless Court participant -

Client M was referred to Homeless Court by his Department of Public Social Services General Relief Opportunities for Work (GROW) caseworker. He had been looking for work but found that his outstanding citations hindered his job search. Once his citations were resolved through Homeless Court, he was able to be hired as a fire safety inspector.

After years of struggling with substance abuse, Client R sought help from a drug and alcohol rehabilitation program. Once he had completed 90 days of treatment, his case manager applied to Homeless Court on his behalf. His outstanding citations were resolved through Homeless Court, making it possible for him to work as a driver for the drug and alcohol rehabilitation program in which he had participated. He was recently accepted into a violence prevention program at a top university in Southern California and he plans to focus his career on reducing gang violence.

A Women's and Children's Crisis Shelter participant –

Client E from the emergency shelter exited the program and entered WCCS transitional shelter in August. The client is grateful for this opportunity to get ahead and raise her two children in a safe, non-violent home. Her four-year-old son was thrilled to have his own room, and he jumped and laughed with joy. In less than two months, she obtained a permanent restraining order for three years, free childcare through the Child Development Consortium of Los Angeles, and enrolled herself in ESL classes. She enrolled her oldest son in Head Start, and they are now able to understand some English and practice speaking English together. She is very excited about her future and plans to put forth the effort into learning English as quickly as possible, so that she can enroll into a medical administration program.

V. RECOMMENDATIONS TO STRENGTHEN COUNTY HOMELESS COORDINATION

On November 17, 2009, the County Board of Supervisors passed a motion instructing the CEO, with assistance from DCFS, DHS, DMH, DPSS, the CDC, and LAHSA, to develop recommendations on how to strengthen the CEO's ability to oversee, coordinate and integrate Countywide homeless service delivery so that homeless individuals and families can more successfully find safe and permanent housing. In response, a CEO report to the Board on January 4, 2010 made three main recommendations to strengthen the County's homeless strategy: 1) leverage funds to maximize resources; 2) coordinate a regional approach among partners; and 3) address cost avoidance.

Leverage funds to maximize resources

The Special Needs Housing Alliance (SNHA) includes representatives from departments and agencies who have the expertise in services for the homeless and/or local, State, and Federal funding sources that serve homeless persons. The purpose of this workgroup is to collectively make decisions regarding the identification of integrated projects in order to make recommendations to the Board to fund, plan,

and implement these ideas into results. Some of these projects include *Housing First* models that align housing with services. For example, a subgroup is working on leveraging resources with the Skid Row Housing Trust's (SRHT) Charles Cobb Apartment in order to expand and sustain the Project 50 program. By moving the Project 50 clients to the Cobb Apartments, SRHT will let the integrated services team move rent free. Moreover, SRHT has agreed to leverage a recent Substance Abuse and Mental Health Services Administration (SAMSHA) grant to fund supportive services in housing for an additional 100 chronically homeless individuals without increasing costs to the County.

Coordinate a regional approach among partners

As partner agencies continue to join the SNHA and work together on specific projects, relationships among agencies will become stronger. The facilitating body is necessary to bring together agencies to put together a plan of action to link efforts, identify roles, and coordinate decision making. Moreover, if the body helps foster relationships and joins key partners, a single plan of action can represent the vision of an entire region. The plan would build on existing regional infrastructure and lessons learned. For instance, an important lesson learned from the County's HPI is the need to better share information to make connections and link various efforts, ranging from prevention to rapid re-housing. As stronger connections are made by braiding funds, integrating data systems, and having coordinated program entry and referral, a more comprehensive system of care and better service delivery could result. Simply, a shared vision and knowing what partners are doing would build a more integrated system that meets the multiple needs of clients. Therefore, the SNHA would play a critical role in bringing agencies together in order to plan and implement a regional approach to preventing and reducing homelessness. Furthermore, various HPI programs and the Recovery Act's HPRP focus on preventing homelessness to avoid significant costs. It is the County's intent to build upon these programs that support eviction prevention and pathways towards greater self-sufficiency.

Address cost avoidance

The findings in the LAHSA's commissioned report, *Where We Sleep: Costs When Homeless and Housed in Los Angeles* conducted by the Economic Roundtable provides detailed costs savings yielded through the provision of supportive housing through SRHT. Based on the analyses of over 10,000 General Relief recipients using County services, the findings show that while the typical public cost for residents in supportive housing is \$605 per month, a similar chronic homeless person without housing is \$2,897, which is five times higher. The report provides a wealth of information about the public costs incurred by homeless populations served by the County. The report not only showed that there are significant cost savings when homeless individuals enter and stay in permanent supportive housing but it also found that the greatest cost savings were achieved by the Skid Row Collaborative and Project 50. This means that future funding for permanent supportive housing should focus on projects that target the most vulnerable and use a *Housing First* approach.

Significant progress has been made to develop collaborative working partnerships with multiple public and private agencies and philanthropic organizations. It is the County's intent to work with the SNHA to put together an action plan with a timeline that would continue to align resources, while at the same time not increase Net County Cost (NCC) and maximize resources to serve homeless individuals and families. The CEO will continue to develop partnerships with cities and communities throughout the County to create regional solutions to address homelessness. Monthly Board briefings and homeless coordination meetings include staff from Board offices, County departments, LAHSA, CDC, and several cities to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. Each of these efforts and the Board's continued investment will ensure that the initiative to reduce homelessness in Los Angeles is successful.

VI. Acknowledgements

We would like to acknowledge the time and effort of the following who have contributed to the HPI program data included in this report.

<i>A Community of Friends</i>	Dora Leong Gallo Nancy Neilson Dorene Toutant
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<i>Catalyst Foundation for AIDS Awareness and Care</i>	Elizabeth Gomez Susan Lawrence
<i>Century Villages at Cabrillo</i>	Brian D'Andrea Aaron Wooler
<i>Chief Executive Office, County of Los Angeles</i>	Betty Betts-Turner Lynn Cao Michael Castillo Rosemary Gutierrez Maggie Ly
<i>City of Long Beach</i>	Rene Miyasato Susan Price
<i>City of Pasadena</i>	Anne Lansing
<i>City of Pomona</i>	Jan Cicco
<i>City of Santa Monica</i>	Stacy Rowe Setareh Yavari
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<i>Cloudbreak Compton, LLC</i>	Scott Fichter
<i>Community Development Commission (Los Angeles County)</i>	Virginia Adame Terry Gonzalez Linda Jenkins Larry Newnam LaCheryl Porter Elena Quon Carolina Romo Lois Starr Scott Stevenson
<i>Department of Children and Family Services, County of Los Angeles</i>	Bedrae Davis Theresa Rupel Rhelda Shabazz
<i>Department of Health Services, County of Los Angeles</i>	Elizabeth (Libby) Boyce Rowena Magana Vicki Nagata
<i>Department of Mental Health, County of Los Angeles</i>	Maria Funk Adrienne Gee Juataun Mark Mary Marx Jaime Nahman John Snibbe Reina Turner
<i>Department of Public Social Services, County of Los Angeles</i>	Consuelo Ayala LaShonda Diggs Ken Krantz Charlotte Lee Judith Lillard

<i>Department of Public Social Services (continued)</i>	Dorothea Manns Charles Medlin Antonio Roldan Jose Salgado
<i>Gateway Cities Council of Governments</i>	Joel John Roberts (PATH Partners) Margaret Willis
<i>Homes for Life Foundation</i>	Deborah Gibson
<i>JWCH Institute, Inc.</i>	Al Ballesteros Paul Gregerson Itohan Oyamendan
<i>Los Angeles Homeless Services Authority (LAHSA)</i>	Steve Andryszewski Michael Nailat
<i>National Mental Health Association of Greater Los Angeles</i>	Lesley Braden Jamie Gonzalez Dave Pilon
<i>Ocean Park Community Center (OPCC)</i>	Cherry Castillo
<i>PATH Achieve Glendale</i>	LaViva Primm Natalie Profant Komuro
<i>Probation Department, County of Los Angeles</i>	Suzy Moraes Michael Verner Maria Vicente
<i>Public Counsel Law Center</i>	Jennifer Amis David Daniels Sarah Evans Paul Freese
<i>San Gabriel Valley Council of Governments</i>	Nicholas Conway Bekah Cooke
<i>Sheriff's Department, County of Los Angeles</i>	Lt. Edward Ramirez
<i>Skid Row Housing Trust</i>	Katherine Hill Shannon Parker
<i>Southern California Alcohol and Drug Programs, Inc. (SCADP)</i>	Heidi Hobart-Ferraro
<i>Southern California Housing Development Corp. of Los Angeles</i>	Sandra Peterson
<i>Special Service for Groups (SSG)</i>	Cheryl Branch Chris Minnick Carlos Moran
<i>Step Up on Second</i>	Aaron Criswell Tod Lipka
<i>Superior Court of California (County of Los Angeles)</i>	Jessica Delgadillo Ken Kallman Saida Lopez
<i>The Salvation Army</i>	Alen Davtian
<i>Union Rescue Mission</i>	Jessica Brown-Mason Carrie Gatlin Bert Paras
<i>Volunteers of America of Los Angeles</i>	Jim Howat Veronica Lara Alma Martinez
<i>Women's and Children's Crisis Center</i>	Dolores Salomone

Table of Homeless Prevention Initiative (HPI) Programs

Attachment B

	Program	Indicator (to date)	Target	Funding	Budget
	Families (I)				
3 ①	1. Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	7,210 families received eviction prevention to prevent homelessness	2,079	One-Time	\$500,000
①	2. Moving Assistance for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families	3,903 families received moving assistance and permanent housing	1,305 450	One-Time	\$1,300,000
①	3. Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	211 families received rental subsidies to prevent homelessness	1,475	One-Time	\$4,500,000
5 ⑤	4. Housing Locators	573 families placed into permanent housing	n/a	DPSS	\$1,930,000
6 ⑥	5. Skid Row Families Demonstration Project	241 families placed into permanent housing	300	Board Approved	\$9,212,000
8 ⑤	6. Multi-disciplinary Team Serving Families	120 families received case management services	n/a	Ongoing	\$494,000
	Transition Age Youth (II)				
10 ①	7. Moving Assistance/Rental Subsidies for TAY – DCFS	436 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
10 ①	8. Moving Assistance/Rental Subsidies for TAY – Probation	358 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
	Individuals (III)				
12 ②	9. Access to Housing for Health (AHH)	73 clients placed into permanent housing 90% decrease in inpatient days; 83% in ER visits	115 cap	Board Approved	\$3,000,000
14 ⑥	10. Center for Community Health Downtown Los Angeles	2,377 individuals received health/mental health care	n/a	Ongoing	*\$186,000
16 ⑤	11. Co-Occurring Disorders Court	50 individuals placed into transitional housing	n/a	Ongoing	\$200,000
18 ②	12. DPSS General Relief Housing Subsidy & Case Management Project	2,723 homeless GR participants received housing subsidies for housing placement	900 time	Ongoing	\$4,052,000
19 ②	13. DPSS-DHS Homeless Release Project	409 potentially homeless participants received benefits	n/a	Ongoing	\$588,000
19 ②	14. DPSS-Sheriff's Homeless Release Project	2,958 potentially homeless individuals received benefits	n/a	Ongoing	\$1,171,000
21 ⑤	15. Homeless Recuperative Care Beds (DHS)	344 individuals were served through this program 73% decrease in hospitalizations; 32% in ER visits	490/2yr	One-Time	\$2,489,000
23 ②	16. Housing Specialists (most clients are individuals)	625 placed into permanent housing	n/a	DMH MHSA	\$923,000
24 ④	17. Just In-Reach Program	166 individuals received public benefits	Individuals 400/2 yr	One-Time	\$1,500,000
26 ⑥	18. Long Beach Services for Homeless Veterans (mostly individuals)	129 veterans received case management services	n/a	Ongoing	\$500,000
29 ①	19. Los Angeles County Homeless Court Program	1,291 individuals with citations or warrants dismissed	n/a	Ongoing	\$379,000
31 ⑥	20. Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	240 single adults received moving assistance to prevent homelessness	until 2,000	One-Time	\$1,100,000
32 ⑥	21. Project 50	58 chronically homeless placed into permanent housing	50	One-Time	\$3,600,000
34 ⑥	22. Santa Monica Homeless Community Court	118 individuals with citations or warrants dismissed	90	Board Approved	\$540,000
36 ⑥	23. Santa Monica Service Registry (programs a and b)	70 chronic homeless individuals have participated	n/a	3 rd District	\$1,178,000
	Multiple Populations (IV)				
40 ⑥	24. Los Angeles County Housing Resource Center	Nearly 3.7 million housing searches conducted	n/a	Ongoing	\$202,000

Table of Homeless Prevention Initiative (HPI) Programs

Attachment B

	Program	Indicator (to date)	Target	Funding	Budget
41 ③	25. Pre-Development Revolving Loan	Restructuring plan approved by Board in July 2009	n/a	One-Time	\$20,000,000
42 ⑤	26. Project Homeless Connect	8,848 participants connected to services/benefits	n/a	One-Time	\$45,000
43 ③	27. City and Community Program -CCP (V)	\$11.6 m capital, \$20.6 m City Community Programs	Multiple	One-Time	\$32,000,000
66 ③	28a. San Gabriel Valley Council of Governments -COGs (VI)	Final report completed in March 2009	n/a	Ongoing	\$135,000
66 ④	28b. Gateway Cities Homeless Strategy	Final report completed in March 2009	n/a	Ongoing	\$200,000
68 ⑤	29. LAHSA contracted programs	7,718 placements into temporary housing	n/a	One-Time	\$1,735,000
68 ⑤	30. PATH Achieve Glendale (families and individuals)	379 placements into housing	n/a	One-time	\$150,000
⑤	31. SSI and Other Benefits Advocacy Program	Program to be launched during FY 2009-10	Individuals	One-Time	\$2,000,000
⑤	HPI Funding Total (excludes Board approved operational support (FY 2006-07), administrative and evaluation costs)				\$99,309,000
	*Ongoing costs expected to be \$76,000				

	City and Community Program (CCP) Funds	Service (\$)	Capital (\$)
43 ③	<i>A Community of Friends – Permanent Supportive Housing Program</i>	\$1,800,000	
	<i>Beyond Shelter Housing Dev. Corp. – Mason Court Apartments</i>		\$680,872
	<i>Catalyst Foundation for AIDS Awareness and Care – Expansional Supportive Services Antelope Valley</i>	1,800,000	
	<i>Century Villages at Cabrillo, Inc. – Family Shelter EHAP I & II</i>		1,900,000
	<i>City of Pasadena – Nehemiah Court Apartments</i>	102,685	858,587
	<i>City of Pomona – Community Engagement & Regional Capacity Building</i>	1,239,276	
	<i>City of Pomona – Integrated Housing & Outreach Program</i>	913,975	
	<i>CLARE Foundation, Inc. – 844 Pico Blvd., Women's Recovery Center</i>		2,050,000
	<i>Cloudbreak Compton LLC – Compton Vets Services Center</i>	322,493	1,381,086
	<i>Homes for Life Foundation – HFL Vanowen</i>	369,155	369,155
	<i>Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley</i>	900,000	
	<i>Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Long Beach</i>	1,340,047	
	<i>Ocean Park Community Center (OPCC) – HEARTH</i>	1,200,000	
	<i>Skid Row Housing Trust – Skid Row Collaborative 2 (SRC2)</i>	1,800,000	
	<i>So. California Housing Development Corp. of L.A. – 105th and Normandie</i>	200,000	600,000
	<i>So. California Alcohol & Drug Programs, Inc. (SCADP) – Homeless Co-Occurring Disorders Program</i>	1,679,472	
	<i>Special Service for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program</i>	1,800,000	
	<i>The Salvation Army – Bell Shelter Step Up Program</i>		500,000
	<i>Union Rescue Mission – Hope Gardens Family Center</i>	756,580	646,489
	<i>Volunteers of America of Los Angeles – Strengthening Families</i>	1,096,930	
	<i>Women's and Children's Crisis Shelter</i>	1,000,000	
	<i>Women's and Children's Crisis Shelter</i>	300,000	
	Total for Service and Capital	\$18,620,613	\$8,986,189
	Grand Total for CCP*	\$27,606,802	

*Actual total of \$32 million includes administrative costs.

For this report, unless specified: Fiscal Year (FY) refers to the first quarter of FY 2009-10 (July 1, 2009 - September 30, 2009). Cumulative refers to the number of clients served to date. Note: complete demographic information may not have been provided.

I. PROGRAMS FOR FAMILIES

1, 2, 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families (EAPE)	\$500,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$4,500,000

Table A.1: DPSS Services for Families by Program
FY 2009-10, through September 30, 2009

Program (unduplicated count)	FY	Cumulative
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,194 received eviction prevention	7,210 received eviction prevention
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	549 received moving assistance and permanent housing	3,903 received moving assistance and permanent housing
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	Program ended in FY 2008-09.	211 received rental subsidies for permanent housing

Table A.2: DPSS Measures by Program
FY 2009-10, through September 30, 2009

Program (unduplicated count)	Number of applications received		Percent of applications approved		Average amount of grant	
	FY	To date	FY	To date	FY	FY 08-09
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	1,639	10,642	71%	68%	\$669	\$649
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	761	5,683	72%	69%	\$773	\$821
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	137	215	96%	99%	-	\$427

Each program reported an average of three business days to approve an application.

January - September 2009	Moving Assistance	Rental Subsidy	Emergency Assistance
Homeless/At-Risk Families	1,314	58	2,901
Female	2,408	105	5,076
Male	1,577	91	3,930
Hispanic	1,482	85	5,236
African American	2,243	81	3,298
White	104	23	251
Asian/Pacific Islander	71	2	98
Native American	5	2	6
Other	80	3	117
15 and below	2,490	121	2,402
16-24	405	11	428
25-49	1,085	64	900
50+	5	-	4

1) Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families

Successes: During this past quarter through the MA program, a total of 549 families received assistance to secure permanent housing and/or received assistance for one or more of the following: a) utility turn-on fees; b) truck rental; and c) appliance purchases (stove and/or refrigerator).

Challenges: Due to the current economy, many CalWORKs families are losing their housing due to foreclosures and job losses. This has increased the cost of the program; therefore, additional funding is always needed.

Action Plan: DPSS continues to administer funds wisely. In addition, DPSS is maximizing the use of the Emergency Contingency Funds which became available on October 1, 2009.

Client Success Story: A single mother with six children was referred to DPSS by the DCFS Linkages Greater Avenues for Independence (GAIN) Social Worker (GSW). DCFS had been paying for the participant's housing for approximately one year; however, there was now a need for DPSS to step in and assist the family in locating more affordable permanent housing. Since one of the children was not being aided due to the Maximum Family Grant (MFG) rule, the Homeless Case Manager (HCM) was able to determine that the participant qualified for a MFG Waiver due to domestic violence. This increased the participant's monthly CalWORKs grant. Through the collaboration between DCFS and DPSS staff, more affordable permanent housing was found for the participant and her six children. DPSS approved the family for the Permanent Housing Assistance program to pay for the security deposit and for moving assistance to purchase a refrigerator and stove.

2) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families

Successes: This program has provided rental subsidy assistance to 58 families for this quarter.

Challenges: Due to budget constraints, this program was terminated for new program applicants effective February 28, 2009.

Action Plan: The action plan is to continue assisting families that were approved prior to the termination of this program (2/28/09).

Client Success Story: A CalWORKs family who became homeless due to a domestic violence situation accessed GAIN supportive services after resolving a CalWORKs program sanction with the assistance of the participant's HCM. The participant found permanent housing from a listing the HCM provided to her from the Socialserve.com/restricted area search. The participant qualified for Permanent Homeless

Assistance, Moving Assistance and the 12 Month Rental Subsidy Program. Through the collaborative efforts of the DPSS HCM, the Housing Resources Eligibility Unit, GAIN and LAHSA (shelter), this family was able to move from a DV shelter into permanent housing.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: Through the EAPE program, a total of 1,194 families at-risk of homelessness received assistance to maintain their current housing and/or maintain their utility services this quarter. The number served increased 40% from the previous quarter.

Challenges: Due to the high volume of applications for EAPE, funding is always a challenge.

Action Plan: Management is always trying to identify new funding opportunities to maintain the program or shift unused dollars from other programs to continue EAPE.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$1.93 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures
FY 2008-09, through December 31, 2008

(unduplicated count)	FY	Cumulative
Homeless Families	471	1,685
Housing (permanent)	210	573
Number of referrals to Program	471	1,685
Average time to place family (days)	60-180	60-180

Successes: Through the assistance of the Housing Locators, 210 families were placed into permanent housing during October-November 2008. No placements were made in December 2008.

Challenges: Due to budget constraints, the Housing Locators contract has been officially terminated effective December 15, 2008. Referrals to the Housing Locators program ended effective October 15, 2008.

Action Plan: The Housing Locator's program contract was terminated effective December 15, 2008.

5) Skid Row Families Demonstration Project

Goal: Locate 300 families outside of Skid Row and into permanent housing.

Budget: \$9.212 million (Board Approved Funding)

Table A.4: Skid Row Families Demonstration Project Participants and Services

FY 2009-10, through September 30, 2009

(unduplicated clients)	Cumulative (3/31/09)		Cumulative
Homeless Families	300	Moving assistance	175
(individuals)	1,084	Eviction prevention	40
Female	273	Housing (emergency/transitional)	300
Male	27	Housing (permanent)	241
		Rental subsidy	33
Hispanic	68		
African American	187	Education	15
White	12	Job training/referrals	65
Asian/Pacific Islander	3	Job placement	14
Native American	-	Section 8	77
Other	30		
		Case management	270
15 and below	619	Life skills	453
16-24	80	Mental health/counseling	53
25-49	295	Transportation	224
50+	15	Food vouchers	390
		Clothing	13
Program Specific Measures			Cumulative
Number of families enrolled in project	300		300
Number of families relocated from Skid Row area within 24 hours	-		-
Number of families placed into short-term emergency housing	-		300
Number of adults who received referrals to community-based resources and services	386		420
Number of children who received intervention and services	679		850
Number of families who received monitoring/follow up after 6 months case management	353		64
Number of families no longer enrolled (termination or dropped out of program)	59		50
Number of families who received an eviction notice during the last 3 months	30		-
Number of families who lost their permanent housing during the last 3 months	6		-
Emergency Housing/Case Management			Quarter
Average length of stay in emergency housing:			-
Most frequent destination (permanent housing):			-
Case management (level 2)			
Average number of case management hours for each participant per month:			60 hours
Total case management hours for all participants during current reporting period:			780 hours
Number of cases per manager:			7 cases
Longer-term Outcomes			6 mo 12 mo
Continuing to live in housing			10 213

Additional measures to be provided after close of program:

- Gainful employment - (Number of individuals who obtained employment)
- Access to appropriate and necessary mental health or substance abuse treatment - (Number of individuals who received mental health services, Number of individuals who received substance abuse treatment)
- Educational stability for children - (Number of children)
- Socialization/recreational stability for children - (Number of children)
- Services to assist domestic violence victims - (Number who received domestic violence services/counseling)

Successes: Three-hundred families were referred by the Skid Row Assessment Team to Beyond Shelter into the Skid Row Families Demonstration Project (SRFDP). Beyond Shelter placed 241 of 300 participant families in permanent housing. The majority of these families have remained in permanent housing for at least 12 months. As of September 30, 2009, 213 families have successfully completed 12 months in permanent housing. During the current reporting quarter, 49 families completed 12 months, 10 families completed 7-12 months, and three families are in their first 6 months of permanent housing. Only five families have reported to Beyond Shelter that they were evicted from their apartments, and they have returned to homelessness. Each incidence of eviction was a result of a crisis including mental health issues, substance abuse, or domestic violence. A total of 59 of 300 families were terminated from the program for non-compliance, or loss of contact.

The current focus of the Skid Row Families Demonstration Project remains on assisting families with stabilizing in permanent housing. At the end of the first quarter of the fiscal year, there were 13 active cases, and case managers have continued to provide specialized, individualized, and intensive support for each family. Case managers link families to community resources and provide guidance through Housing Authority issues and various other obstacles related to income via public social services. The assistance provided by case managers to navigate through the public social service systems has been extremely helpful for families with limited knowledge about available resources. With the support of their case managers, at least five families were assisted with the Housing Authority of the City of Los Angeles (HACLA) annual recertification process. These families needed assistance to the extent that they may have lost their Section 8 vouchers without direct and specific guidance through the process.

Challenges: The main challenge for the SRFDP continues to revolve around income and employment issues. Clients continue to struggle with 6% less income from CalWORKs as of June 2009, decreased hours from their employers in some cases, and utility bill increases from the City's Department of Water and Power (DWP). The 6% shift in income has had a huge impact on these families. Food Banks have lower reserves, and utility assistance funds from other resources are limited and difficult to access. With decreasing resources and lowered incomes, families are forced to cut back and budget more strictly. Although there have been no new incidences of foreclosure during this quarter, 5% of 241 families that were enduring this issue last quarter, continue to deal with the ongoing issue this quarter. This challenge involves case managers ensuring clients know their tenant rights, and that clients send their payments to the correct recipient.

Clients also have been challenged with the HACLA annual recertification process. Complications with this system include: difficulties for clients reaching their advisors at HACLA, property owner's timely compliance with repairs identified at re-inspection, and language barriers. Difficulty with receiving mail and telephone correspondence from HACLA continues as a problem for clients as well. Often clients' phones are disconnected and the only form of communication is through the postal service. Clients who are unable to read or write in English have been challenged with this method of communication.

Action plan: Beyond Shelter case managers continue to closely work with families to develop Family Action Plans and identify their priorities to help them meet their goals. Case managers have also assisted families by providing support and information as needed throughout the process. They especially have focused on money management and budgeting to assist clients with the adjustment to the change in their income. Clients are urged to evaluate other income resources and to seek employment, but with a difficult economy and job market, this has not been readily possible in many cases. In the foreclosure cases, case managers continue to assist clients by advocating for them, ensuring they send their rent payments to the appropriate recipient, and help to clarify their rights and responsibilities as Section 8 tenants.

Client Success Story: Client F is a 30-year-old African American, single mother of one seven-year-old daughter. The client has endured several incidences of homelessness. Two of the incidences occurred because she was living with relatives or friends and could no longer stay with them. One incidence was due to domestic violence between herself and the father of her child. He has since been incarcerated and she has no contact with him. Her last episode of homelessness was caused by an injury she suffered on the job. She was no longer able to work, fell behind on her rent and was evicted. She also has a record for petty theft for which she was on probation. The Department of Mental Health referred her to the Union Rescue Mission. From there she was referred to the SRFDP.

Client F and her daughter were enrolled in the SRFDP in June 2007. Upon intake, her service intensity level was assessed as high, due to multiple episodes of homelessness, recent mental health issues, and a lack of a high school diploma. The family was immediately placed in a motel away from the Skid Row area. During the crisis phase, she was provided with food vouchers, bus tokens, and emotional support. She received tenant education classes and a Housing Relocation Specialist was assigned to assist her with applying for a Section 8 voucher through HACLA. She was interested in returning to work as soon as possible. In order to facilitate her return to work, an Employment Specialist at Beyond Shelter assisted her with employment related services such as updating her resume, identifying job leads, and practicing interviewing techniques. The client also received counseling services provided by a therapist at the Department of Mental Health. Once she received her Section 8 voucher, she was assisted with a housing search. With the assistance of her Housing Relocation Specialist, she moved to a two-bedroom house located near USC in April 2008. Client F made great progress in meeting her goals. By the time she moved into permanent housing, her service intensity level had been reduced to moderate. She continued to meet with her therapist, fulfill her probation obligations, and actively searched for work. Over the next six months, her case manager provided home-based case management services to assist the family with stabilizing in permanent housing. She also received an additional six months of follow-up phone calls to assist with any other issue or support that the family needed.

Client F has lived in her house for more than one year. Initially, she had a hard time finding a job because of her prior arrest and active probation status, but she refused to give up and continued to seek employment. About two months after moving into permanent housing, she was able to find a job where she currently remains employed full-time as a Courtesy Clerk at a well known grocery store. She has also completed her probation. The judge waived the balance of her court fees, because she had been compliant with all the court's requirements. Her child is doing very well in school and is well adjusted to her new home.

6) Multi-Disciplinary Team Serving Families

Budget: \$494,000 (Ongoing Funding)

**Table E.5: Multi-Disciplinary Team
FY 2009-10**

(unduplicated clients)	Quarter		Quarter
Homeless Families	89	Housing (transitional)	23
(individuals)	274	Housing (permanent)	3
Female	165		
Male	109	CalWORKs	1
Hispanic	83	Case management	120
African American	178	Health care	106
White	13	Mental health care	31
15 and below	163		
16-24	24		
25-49	77		
50+	10		

The Skid Row Assessment Team (SRAT) originated as a result of a Board Motion in December 2004. It is a collaborative between the Los Angeles County Departments of Children and Family Services (DCFS), Public Social Services (DPSS), Mental Health (DMH), and Public Health (DPH).

On July 1, 2009 the SRAT moved into the Family Assessment Center located at the Center for Community Health, Downtown Los Angeles. The SRAT is committed to attaining the goals of assuring child safety, providing ongoing case management and enforcing the zero tolerance goal for families on Skid Row. The SRAT is excited about the new opportunities that have been identified during the collaboration between County Departments and the community agencies that will assist Skid Row families in the care and protection of children.

Successes: During this quarter, the SRAT screened a total of 70 new families (an additional 19 families were previously served and 111 families continued to receive services). A total of 66 families are currently receiving financial public assistance (CalWORKs) and seven families have been approved and issued Homeless Assistance through DPSS. DPH conducted 106 health assessments; set five appointments with primary care providers, and referred 101 to a primary care provider. DMH referred 129 clients for clinical assessments to the downtown mental health office. DCFS conducted 110 child safety assessments and referred 23 families to Family Preservation or Family Support Services.

The current focus of the SRAT remains on assisting families with relocating into shelter, transitional housing, and/or permanent housing outside of Skid Row. Presently, there are four DPSS Homeless Case Managers who are available to provide individualized support with referrals to services and resources to overcome the various obstacles related to the barriers that prevent the family from obtaining permanent housing.

The collaboration with other local community service providers such as Los Angeles Homeless Services Authority (LAHSA), AmeriCorps, Union Rescue Mission (URM), Midnight Mission (MM) and Beyond Shelter provides the opportunity for better communication, information sharing, development of partnerships and better working relationships, which all promote positive housing outcomes for the homeless families served.

Challenges: The Homeless Case Manager (HCM) working with the homeless family faces numerous challenges. The biggest challenge, the vast majority of families are dependent on CalWORKs for income and the availability of low-income and/or subsidized housing is meager. It is also difficult to access emergency shelter services in other parts of the City. Repetitive calls are made to the community agencies in the Homeless Continuum of Care to be unsuccessful in locating vacancies. When an opening is located, the family is often denied access because the family does not meet the criteria specific to the program. With many shelters allowing families to remain for longer periods of time, long waiting lists for entry, and increasingly stringent entry requirements, most homeless families in Skid Row cannot get into shelter.

Action Plan: In collaboration with LAHSA and community partners, the team is working together to establish a more effective system to identify and access the vacancies in the Los Angeles Homeless Continuum of Care. Additionally, we are working to partner with the agencies that have received American Recovery and Reinvestment Act stimulus funds to establish an effective means to refer and prioritize services and funds for the eligible homeless families on Skid Row.

Client Success Story: Family S is an intact family comprised of a 26-year-old mother and 31-year-old father with four children ranging in one to nine years in age. The family came to Los Angeles from St. Louis, Missouri in August 2009 with a promise to stay with their maternal cousin. When these plans did not work out the way they had expected, they sought assistance from DPSS - where they were issued Temporary Homeless Assistance.

In early September 2009, the family sought shelter at the URM. While the family reports that this is their first incidence of homelessness, they have limited but steady income from CalWORKs and SSI. An assessment of the family's strengths shows that this is an intact family that is motivated to participate in services. The mother is potentially eligible for DPSS Greater Avenues for Independence (GAIN) services and would be able to receive such services as child care, assistance with transportation, counseling, housing locator services and other DPSS benefits. While at the URM, they have saved \$2,800 of their income in the URM voluntary savings program. This is approximately 99% of the family income and illustrates the motivation of the family to take full advantage of the URM program.

As a result of the family's strengths and ability to save their income, the team expects to assist this family in locating permanent housing in the near future.

II. PROGRAMS FOR TRANSITION AGE YOUTH

7 and 8) Moving Assistance for Transition Age Youth

Goal: Assist Transition Age Youth (TAY) to move into and secure permanent housing.

Budget: \$3.5 million (One-Time Funding)

Table B.1: Moving Assistance for Transition Age Youth Participants					
FY 2009-10, through September 30, 2009					
	Total	Probation		DCFS	
		FY	Cumulative	FY	Cumulative
Transition Age Youth	780 (100%)	32 * (new)	390	30 * (new)	**464
Female	439 (56%)	14	164	23	275
Male	341 (44%)	18	226	7	115
Hispanic	190 (24%)	4	98	5	92
African American	544 (70%)	28	276	23	268
White	34 (5%)	-	10	2	24
Asian/Pacific Islander	6 (1%)	-	6	-	-
Native American/Other	-	-	-	-	-
16-24	780 (100%)	32	390	30	390

* During the First Quarter of FY 2009-10, 62 new TAY were enrolled; 179 TAY continued to participate.

**FY 2008-09 total was 360. FY 2007-08 DCFS demographic participant data was duplicative (duplicated total 464); cumulative demographic information includes FYs 2008-09 and 2009-10.

Table B.2: Moving Assistance for Transition Age Youth Services					
FY 2009-10, through September 30, 2009					
(unduplicated count)	Total	Probation		DCFS	
	FY	FY	Cumulative	FY	Cumulative
Moving assistance	12	-	253	12	216
Rental subsidy	5	-	358	5	436
Housing (permanent)	67	32	343	35	269
Eviction prevention	-	-	-	1	1
Any supportive service ⁺	-	-	101	-	64
Education	27	-	9	27	85
Job training, referrals	-	-	-	-	35
Job placement	-	-	81	-	-
Case management	62	32	390	30	464
Life skills	-	-	-	-	8
Mental health	-	-	-	-	1
Transportation	2	-	-	2	109
Food vouchers	1	-	-	1	44
Clothing	2	-	-	2	74
Auto insurance	-	-	-	-	11

⁺Probation does not break down supportive service by type, except for job placement.

Table B.3: Longer-term Outcomes for Transition Age Youth		
(6 or more months), FY 2009-10, First Quarter		
	Probation	DCFS
Continuing to live in housing	93	88
Continuing to receive rental subsidy	-	5
Obtained employment	79	30
Maintained employment	-	60
Enrolled in educational program/school	-	49
Received high school diploma/GED	-	-

Table B.4: Program Specific Measures for Transition Age Youth
FY 2009-10, through September 30, 2009

	Probation		DCFS	
	FY	Cumulative	FY	Cumulative
Number of new approvals	32	469	30	340
Average cost per youth	\$2,181	*\$3,806	\$3,500	*\$2,663
Number of program participants satisfied with program services	32 (of 32)	248 (of 250)	20	155
Number of pregnant/parenting youth placed in permanent housing	-	90	1	72
Number exited housing	11	32	-	324
Number remaining in permanent housing and receiving assistance at 6 months	n/a	n/a	16	94

*Average cost per youth for FY 2008-09; in FY 2007-08, the average cost was \$3,816 for Probation.

Probation– Moving Assistance for TAY

Successes: HPI funds helped many youth find permanent housing that enabled them to maintain employment, get additional job training, and attend college.

Challenges: One of the biggest challenges is to motivate clients to continue their education by enrolling in a trade program or a two/four-year college. Many of the youth lack the confidence and or drive to do so. The program's coordinator constantly addresses the importance of education and the positive outcomes from furthering one's education or becoming certified in a trade, and they often walk the youth through the process of enrolling in trade school or college.

Action Plan: In addition to continuing to offer support to youth placed in permanent housing, the current action plan includes continued assistance with both educational and job placement activities.

Client Success Story: Client M was placed in her grandmother's home by DCFS and eventually came in contact with Probation. She was supervised by Probation for approximately four years. She has two sons, ages six and three, and she attends California State Northridge University. Her major is Sociology and her projected graduation date is the Spring of 2010. Client M obtained employment with the County of Los Angeles as a Career Development Clerk, and she completed a two-year internship to gain permanent status. The program was able to assist with her rent during her maternity stage as she was unable to pay rent and her bills. She resided in her first apartment for approximately 18 months and recently relocated to a larger house. Client M was asked if she was satisfied with the program and she replied, "The TPP program is awesome. I don't know what I would have done without the assistance."

DCFS – Moving Assistance for TAY

Successes: During the quarter, 54 youth were served, and 30 were new approvals. The program provided move-in assistance to 12 youth. Average expenditure for an individual was \$38,926 per month.

Challenges: Follow-up continues to be a major challenge. Youth have a major problem with maintaining a stable telephone number. That instability presents a barrier to communication. Additional challenges include - following through with the intake process and completing required documents in a timely manner.

Action Plan: Youth will continue to be encouraged to ensure that a current phone number stays on file, for follow-up purposes. During case management, staff will emphasize the necessity of following through in a timely manner.

Client Success Story: A 22-year-old female was laid off from work at an oil refinery. DCFS provided rental assistance, which enabled the youth to attend welding school and pursue a license in Real Estate.

III. PROGRAMS FOR INDIVIDUALS

9) Access to Housing for Health (AHH)

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$3 million (Board Approved Funding)

Table C.1 : Access to Housing for Health Participants and Services					
FY 2009-10, through September 30, 2009					
(unduplicated count)	FY	Cumulative		FY	Cumulative
Homeless Individuals	6	20	Education	1	3
Chronic Homeless	5	94	Job training	1	2
Homeless Families	1	5	Job placement	-	2
Female	7	51	General Relief and Food Stamps	1	1
Male	7	77	General Relief	1	62
Transgender	1	1	Food Stamps only	-	1
Hispanic	1	28	Medi-Cal/Medicare	5	34
African American	7	56	Section 8	9	37
White	6	43	Public Housing Certificate	6	16
Asian/Pacific Islander	-	1	SSI/SSDI	6	29
Native American	-	-		FY	Cumulative
Other	-	1	Case management	12	119
			Health care	12	119
15 and below	2	9	Life skills	12	119
25-49	6	47	Mental health/counseling	3	31
50+	7	73	Substance abuse (outpatient)	1	17
			Transportation	4	101
Moving assistance	9	62			
Housing (emergency/transitional)	12	119			
Housing (permanent)	11	73			
Rental subsidy	11	73			
Eviction prevention	2	2			
Program Specific Measures				FY	Cumulative
Number of referrals				57	660
Number admitted to program (enrolled)				12	119
Pending applications				4	n/a
Number that did not meet eligibility criteria				41	535
Number of exited clients				2	31
Reduction in Emergency Department visits (12 months post enrollment, n=52)				-	83%
Reduction in number of inpatient days (12 months post enrollment, n=52)				-	90%
Number of new AHH enrollees that have a primary healthcare provider				12	119
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:				160 days, 73 into permanent housing	
Case management (level 3)					
Average case management hours for each participant per month:				14 hours	
Total case management hours for all participants during current reporting period:				648 hours	
Number of cases per case manager:				13 cases	

Successes: To date, there are 52 AHH clients that have reached their one year mark in the program. They had a combined total of 238 Emergency Department visits during the 12 months prior to AHH enrollment. Post enrollment, the clients had a combined total of 40 Emergency Department visits. **The number of Emergency Department visits was reduced by 83%.**

Table C.2: Longer-term Outcomes FY 2009-10, First Quarter	6 mo.	12 mo.
Continuing to live in housing	52/54	40/42
Receiving rental subsidy	100%	95%
Case management	10	6
Health care	10	6
Mental health care	5	2
Substance abuse treatment (outpatient)	1	-
Reunited with family	1	2

The 52 AHH clients also had a combined total of 467 inpatient days prior to AHH enrollment. These clients had a combined total of 45 inpatient days post AHH enrollment. **The number of inpatient days was reduced by 90%.**

Challenges: There continues to be challenges in obtaining all of the necessary and current documentation from clients in order to submit complete housing authority applications in a timely manner.

Action Plan: The AHH staff is currently fully staffed with the addition of one new case manager. The Housing Locator continues to assist in ensuring the housing application, location, and move-in process meet the client's needs and occur in a timely manner. The case managers and housing locator continue to work closely to ensure that the client's needs are met and that they obtain and maintain permanent housing.

Client Success Stories: Mr. R is a 44-year-old Latino male and was homeless for almost one year. Mr. R is divorced and has two adult step children living in Los Angeles and San Francisco. In 1993, he was diagnosed with oral cancer; he has a history of hypertension, and in 2008 he was diagnosed with diabetic type II neuropathy which resulted in a below the knee amputation of his right lower leg. Following this procedure, the client ambulated via wheelchair. Mr. R worked as a carpet manufacturer for 15 years and later as a vegetable packer. Due to his medical issues and amputation, the client lost his job and subsequently his rented accommodation was shutdown for public health reasons; Mr. R became homeless. The client began receiving unemployment in June 2008. Mr. R was referred to AHH by Recuperative Care in Bell. He began the AHH program in March 2009 and was permanently housed in April 2009. Mr. R receives on-going medical care from Harbor-UCLA and Rancho Los Amigos and recently received a prosthetic limb allowing him to ambulate with a walker. The AHH program assisted Mr. R in applying for GR and SSI/SSDI and ensures that he accesses on-going medical treatment. The client has reconnected with his son who is now an active support in his life. Upon starting the AHH Program, Mr. R's affect was dysphoric, and he now presents with an elevated mood and is highly motivated. The client started his own support group for amputees. The client has been successful in his housing for six months. Mr. R now has a stable living environment that has improved his medical condition as well as his familial relationships and social networks.

10) Center for Community Health Downtown Los Angeles**Budget:** \$186,000; (\$76,000 expected for Ongoing Funding)**Table E.4: Center for Community Health Downtown Los Angeles (CCH)**

FY 2009-10 through September 30, 2009

(unduplicated clients)	Quarter	Quarter
Homeless Individuals	2,377	Moving assistance 1
		Housing (emergency) 9
Female	630	Housing (transitional), average stay 90 days 25
Male	1,747	Housing (permanent) 8
		Rental subsidy 1
Hispanic	487	
African American	1,227	
White	295	General Relief and Food Stamps 7
Asian/Pacific Islander	41	Medi-Cal/Medicare 2
Native American	7	Section 8 5
Other	807	SSI/SSDI 2
<i>More than one race/ethnicity may be selected</i>		Case management 168
		Health care 2,162
16-24	69	Mental health care 205
25-49	1,122	Recuperative care 1
50+	1,186	Substance abuse treatment (outpatient) 2
		Transportation 7
Job training/referrals	8	Other 8

Successes: The opening of CCH has provided services to 2,377 unduplicated patients during the first three months of operations. The services are provided in an integrated fashion with one chart containing pertinent information from the partnering agencies about the patients. This centralized case file is a first for Los Angeles County. It enables the team to better coordinate client care. Registration for all patients is conducted centrally.

The Center has provided the opportunity to provide Case Management Services as part of an integrated service delivery system to homeless patients. Case managers (MSW, BSW level) provided services to 167 unduplicated patients and have begun the process of developing Individualized Service Plans for them. Many of these patients have co-morbid chronic disease, mental health, and substance abuse disorders in addition to their social service needs. For the first time, all of the patient's problems are being addressed in conjunction with their physical health.

Patients from Recuperative Care are also meeting with case managers at CCH prior to their discharge in order to facilitate the transfer of care into the new clinic. Previously many of these patients would be lost to follow-up and the gains achieved in Recuperative Care lost.

Additionally, the case managers have placed an emphasis on locating and working with our sickest chronic disease patients. Most of these patients have social service needs that need to be addressed in order to improve their compliance.

Challenges: The opening of CCH has provided us with an opportunity to provide patients a comprehensive treatment plan. However, as expected, with opportunity comes challenges.

The biggest challenge has been the implementation of the multidisciplinary team meetings and determining a time frame for action plans. This is a multi-factorial problem. Finding time for meetings is a problem due to the high volume of patients. With only one psychiatrist and two medical case managers for three PODS, it is difficult for all teams to meet at the same time. Therefore, each team has a designated time to meet each day. This means that often times the psychiatrist and case managers have three meetings a day, which disrupts their patient schedule.

There has also been an inconsistency in the staffing of the PODS. One primary care provider has been out on sick leave, with per diem providers filling in. Another provider has also been out for family reasons.

There has also been an adjustment period for the staff. There are multiple agencies working together in a new environment. It takes time to adapt to the new surroundings and get into a routine. There are also specific criteria for obtaining integrated services from the various departments co-located in the facility. For example, many patients do not qualify for mental health services from DMH (patients have a case opened elsewhere in the County, are not schizophrenic, bipolar or have major depressive disorder, do not have a chronic physical illness necessitating ongoing care by a primary care provider etc.).

Action Plan:

- 1) Each POD is required to maintain a log of meetings and patients discussed.
- 2) Provider schedules are blocked during the designated meeting times (8:00 am, 8:20 am and 4:40 pm).
- 3) It is the responsibility of the case manager to ensure the patient chart is available and that patients have an ISP completed before they are discussed.
- 4) Ongoing discussions about barriers to success in meeting and formulating an action plan (the desired multidisciplinary team approach) are a part of the monthly Clinical Services meetings.
- 5) There is a commitment by leadership to find funding for an additional case manager and a LCSW.

Client Success Story: Patient M is a patient with breast cancer who initially presented to CCH in August. She had completed a five-year prison sentence for possession of heroin a few weeks earlier, and was homeless at the time she presented for medical care. While incarcerated she was placed on methadone for pain management due to gunshot wound and severe body trauma she sustained prior to starting her prison sentence. At the patient's initial visit to the CCH, her newly designated primary care provider referred her to the MSW. During the evaluation by the MSW, the patient reported the following: 1) she was staying at a local shelter, but was there on a limited stay only basis; 2) she had no income and was not receiving public assistance; 3) she had recently lost her California ID; 4) she was about to be terminated from a local methadone program unless she was able to obtain Medi-Cal; 5) she had not been able to contact her new parole agent due to a case transfer; and 6) she had not communicated with her only family contact (sister) for several months.

The MSW was able to work with the shelter to extend her stay at the facility while he assisted the patient with her application to the JWCH Institute Recuperative Care program, where she currently resides. He also referred the patient to DPSS for General Relief and Food Stamps as well as to the local SSI office. The patient now receives GR and food stamps while her Medi-Cal and SSI are pending. The Program at CCH was able to provide the patient with a DMV voucher to lower the cost of obtaining her new ID at the local DMV office. The MSW also contacted her new parole agent and hosted a visit between the patient and her agent in his office at CCH. Additionally, with the patient's permission, her sister was contacted by telephone, and the sister has agreed to take her in once she successfully completes parole in a few months. The MSW continues to monitor this patient for symptoms of depression secondary to her medical problems and economic situation, and is providing social support for the patient as she completes her parole.

11) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C.3: Co-Occurring Disorders Court Participants and Services					
FY 2009-10, through September 30, 2009					
(unduplicated count)	FY	Cumulative		FY	Cumulative
Chronic Homeless	10	76	Education	-	15
Homeless Individuals	2	7	Job training/referrals	-	27
Transition Age Youth	3	4	Job placement	-	1
Female	8	50	CalWORKs	-	1
Male	7	37	General Relief (GR,FS)	1	15
			Food Stamps only	-	3
Hispanic	2	10	Medi-Cal/Medicare	-	32
African American	10	67	SSI/SSDI	-	30
White	3	8	Shelter Plus Care	-	5
Other	2	2			
16-24		7	Alternative court	15	60
25-49		50	Case management	15	60
50+		30	Health care/medical	15	38
			Life skills	15	56
Eviction prevention	-	2	Mental health/counseling	15	60
Housing (emergency)	-	8	Social/community activity	15	35
Housing (transitional); avg. 210 days	3	50	Substance abuse (outpatient)	4	67
Housing (permanent)	-	2	Substance abuse (residential)	15	33
Rental subsidy	4	37	Transportation	15	60
Moving assistance	-	2	Clothing/hygiene	15	57
Longer-term Outcomes (six or more months)					
Continuing to live in housing					17
Receiving rental subsidy					10
Enrolled in educational program, school					5
Obtained/maintained employment					5
Case management					39
Health care					23
Good or improved physical health					24
Mental health/counseling					41
Good or improved mental health					38
Substance abuse treatment (outpatient)					25
Substance abuse treatment (residential)					19
No drug use					26
Reunited with family					3
Emergency Housing/Case Management					
Case management (level 3)					5 hours
Total case management hours for all participants during current reporting period:					800 hours
Number of cases per case manager:					7 cases

Successes: The Co-Occurring Disorders Court (CODC) program continues to provide co-occurring disorders treatment that is responsive to clients' needs and facilitates positive change. Classes and therapy groups are offered at various settings, including SSG Central Mental Health, Antelope Valley Rehabilitation Center (AVRC), and Mt. Carmel (a residential treatment center). Groups address topics such as: anger management, trauma, moral recognition therapy, drug and alcohol education, relapse prevention, money management, and the power to change (facilitated by Recovery International). During the first quarter, 21 clients participated in a 90-day residential co-occurring disorders treatment program at AVRC. Seven clients graduated from the AVRC program during the quarter, transitioned into outpatient treatment at SSG Central Mental Health, and now reside in sober living housing. SSG continues to increase housing options for clients. Special Service for Groups (SSG) has contracted for additional beds at the Mt. Carmel residential drug treatment facility in South Los Angeles. Clients who reside at Mt. Carmel participate in both drug and alcohol groups and mental health therapy. CODC

clients continue to work closely with SSG's Employment Specialist and have demonstrated significant strides towards pursuing adult education and employment (both volunteer and paid). During the quarter, three clients attended Los Angeles City College and Los Angeles Trade Tech College, while eight other clients engaged in job training and/or job seeking. Two additional CODC clients obtained paid employment as Consumer Employees for the SSG Central Mental Health agency. Both Consumer Employees continue to participate in co-occurring disorders treatment programming, as they carry out their new duties, which include facilitating client court visits and writing a monthly newsletter. Both Consumer Employees are highly regarded by their peers and serve as outstanding role models. Both are expected to graduate from the program in the Spring of 2010. Two additional Consumer Employees, a full-time Peer Advocate, and a full-time file clerk will be hired.

Table C.4: Program Specific Measures		FY	Cumulative
Number of clients screened for enrollment		45	454
Number of clients accepted for observation		20	98
Total number of clients enrolled		15	81
Number of clients pending enrollment		5	20
Number of clients not meeting Program criteria		26	216
Number of clients rejecting/dropping out prior to enrollment		6	104
Number of clients lost during follow-up process		-	6
Number of participants in ER/crisis stabilization while enrolled in program		6	27
Average length of hospital stay (days)		2	16
Number of participants who have a primary healthcare provider while enrolled		18	71
Number of participants with new arrest(s)		4	25
Misdemeanor:		-	3
Felony:		4	18
Number of participants in jail		4	26
Average number of days in jail.		26	(FY 08-09) 25

FY 2007-08 average number of days in jail: 36

Challenges: While treatment at AVRC has been well-received by a majority of clients, the treatment schedule has been limited, resulting in extended periods of "down time." Management at AVRC plans to adopt the Matrix System of Care which will improve daily structure and increase the amount of treatment and service delivery for each client. With the curtailment of the Proposition 36 Courts at the Foltz Criminal Justice Center in Downtown Los Angeles, the program has been faced with finding new sources for client referrals. In July 2009, the Public Defender (PD) and DMH staff launched a concerted effort to increase program visibility and referrals for the program. The Public Defender has conducted a number of trainings and presentations for attorneys and bench officers at the Foltz Criminal Justice Center. The PD also reviews Early Disposition Program cases for potential candidates. Likewise, DMH has conducted in-service trainings for DMH staff working at Twin Towers and Century Regional Detention Facility (the women's jail) with the goal of increasing disposition planning options for eligible inmates and generating continuous referrals to the program. In addition, DMH has increased the number of days dedicated to court outreach and the evaluation of potential candidates to four days per week. In September 2009, the CODC relocated from Division 113 to Department 42 at the Foltz Criminal Justice Center. The Court also increased the frequency of hearings from biweekly to weekly. The program now meets every Monday to conduct team meetings, hear progress reports, and enroll new clients.

Action Plan: Energy continues to be focused on grant writing to access new funds for the CODC program. The SSG development team is working closely with the Countywide Criminal Justice Coordination Committee (CCJCC) on numerous grants to expand services to additional clients and to enhance the services that are currently offered. SSG Central Mental Health was recently awarded a new Department of Justice grant which will fund an additional Employment Specialist and facilitate the provision of increased supportive employment services. Finally, the PD and DMH will continue to work collaboratively to increase awareness and generate appropriate client referrals.

Client Success Story (by client): "I work at SSG Central Mental Health. I am also a member of the Peers Program. Peers help people with mental and addiction histories become employable. A year ago, I was on drugs and never thought I had a mental problem. Yet, I had spent 20 years in and out of drug programs. I went to jail, and then ended up at SSG. And for the first time in my life, I got help with my addiction and mental problems. I love my job and never thought I could have the life I have today."

12) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rental subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures FYs 2008-09 and 2009-10, through September 30, 2009				
			Cumulative	
Chronic Homeless	515	Education	22	
Homeless Individuals	1,338	Job training/referrals	622	
		Job placement	196	
Female	723			
Male	1,130			
		SSI/SSDI	152	
Hispanic	247	Section 8	4	
African American	1,215	Veteran's	1	
White	328			
Asian/Pacific Islander	36			
Native American	16	Case management	2,723	
Other	11	Health care	719	
		Life skills	357	
		Mental health/counseling	629	
16-24	197	Substance abuse (resident)	21	
25-49	1,266	Substance abuse (outpatient)	115	
50+	390	Transportation	716	
	Cumulative	Recuperative care	3	
Rental (housing) subsidy*	2,723	Social/community event	1	
Moving assistance	1,793			
Longer-term Outcomes (point in time)			6 mo.	12 mo.
Receiving rental subsidy			486	196
Obtained employment			13	-
Maintained employment			7	1
Enrolled in educational program, school			5	-
Case management			486	196
Health care			28	13
Mental health/counseling			18	34
Substance abuse treatment (outpatient)			4	2

*Total number served from July 2006- June 2009

Table C.5: DPSS GR Housing Subsidy and Case Management Project Measures			
FY 2009-10, First Quarter			
	First Quarter		To date
Number of applications received		339	1,790
Average number of business days to approve		18	19
Average amount of rental subsidy		\$292	\$292
Number of individuals re-entering program		10	103
Number of SSI approvals		46	140
Percent of SSI approvals	(46/1,057)	4.35%	(FY 2008-09) 7.94%
Number of individuals disengaged from program		166	656
Case Management (level 3)			
Average case management hours for each participant per month:			5 hours
Total case management hours for all participants during current reporting period:			4,793 hours
Number of cases per case manager:			96 cases

Successes: During this quarter, there were 13 job placements and 46 SSI approvals. An evaluation study of the pilot's outcomes showed that the average length of stay for participants in the pilot program was about seven months. Compared to a control group, employable participants enrolled in the pilot project were two times more likely to find jobs.

Challenges: It has been difficult to contact homeless participants on the waiting list.

Action Plan: Staff encourage participants to provide valid contact numbers and update the waiting list every month.

Client Success Stories:

Mr. S, a homeless GR employable participant, was admitted to the GR Housing Subsidy program in June 2009. The Housing Case Manager (HCM) recommended to his case carrying General Relief Opportunities for Work (GROW) Service Worker that Mr. S be placed in the Intensive Case Management (ICM) component. After four months in ICM, Mr. S was hired by an assembly plant earning \$10 per hour. As a result, Mr. S pursued his employment goals and has become self-sufficient.

Ms. M, a potential SSI participant, has been in the GR Housing Subsidy since June 2008. She was referred to the SSI Advocate to immediately start her SSI application process. It was a challenging task for the SSI Advocate to locate medical records. After 15 months of SSI advocacy, Ms. M's SSI benefits were approved beginning in September 2009. Ms. M has exited the GR Housing Subsidy project and is very thankful to all DPSS staff that helped her transition to SSI.

13 and 14) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$1.171 million (On-going Funding)

Table C.6 Homeless Release		DPSS-DHS		DPSS-Sheriff	
Total FY		FY	Cumulative	FY	Cumulative
(unduplicated count)					
FY 2009-10, through September 30, 2009					
Homeless Individuals	739	106	934	623	5,254
Female	250	26	*115	224	*941
Male	479	80	405	399	1,053
Transgender	-	-	-	-	5
Hispanic	241	33	156	208	751
African American	270	25	189	245	957
White	171	36	143	135	451
Asian/PI	28	8	16	20	25
Native American	4	1	3	3	6
Other	15	3	13	12	34
16-24	151	1	19	150	428
25-49	449	56	276	393	1,305
50+	129	49	225	80	260
Housing (emergency)	309 <u>cumulative</u>	16	91	31	218
Average stay (days)	13	13	-	13	-
CalWORKs (approvals)	4	-	1	4	54
General Relief (w/FS)	2,750	25	315	233	2,435
General Relief only	431	11	88	40	343
Food Stamps only	62	-	5	8	57
SSI/SSDI	56	-	-	31	56
Veterans' benefits	13	-	-	7	13

*Demographic information not available for FY 2007-08. Cumulative demographic information includes FYs 2008-09 and 2009-10.

Table C.7 Program Measures	Cumulative Total	DPSS-DHS		DPSS-Sheriff	
		FY	Cumulative	FY	Cumulative
Total referrals received	9,584	106	918	790	8,666
Total referrals accepted	6,286 (66%)	38	462	623	5,824
Of the total referrals accepted:					
Total approved	321 (FY)	36	*169	285	2,931
Total denied	18 (FY)	-	*186	18	151
Total pending release:	1,465 (QTR)	2	-	1,464	-
Releases/discharges	860	38	277	450	583
Number of applications					
Food Stamps	69	11	12	8	57
General Relief	3,029	25	400	273	2,629
CalWORKs	49	-	1	4	48

**Information not available for FY 2007-08.*

DPSS-DHS Homeless Release Project

Successes: During the last quarter of FY 2008-09 (April - June 2009), the DPSS/DHS Homeless Release Project received and approved the highest number of referrals for the fiscal year.

Challenges: Although the number of referrals has increased, the current accepted level of referrals is very low. The number of accepted referrals should be higher.

Action Plan: The program manager will work with the staff to ensure they are fully aware of the eligibility criteria and are using the referral tool correctly.

DPSS-Sheriff Homeless Release Project

Successes: Priority list interviews at the Inmate Reception Center (IRC) have increased significantly. The priority list allows the Eligibility Worker (EW) to interview more inmates in less time. These interviews are also insuring more processing at the Community Transition Unit (CTU).

Challenges: Referrals received by fax are not being seen by the EW due to a priority list, and it is difficult for the Sheriff Custody Assistants to request inmates from the Men's Central Jail (MCJ) throughout the day. Many referrals sent via fax are released prior to the EW interview.

Action Plan: The program will identify an alternative method to receive fax information to assure interviews.

15) Homeless Recuperative Care Beds

Goal: Provide recuperative care services to homeless individuals being discharged from County hospitals and assist participants with accessing transitional or permanent housing, ongoing health care, and other resources and supportive services.

Budget: \$2.489 million (One-Time Funding)

Table C.8 : Homeless Recuperative Care Beds Participants and Services					
FY 2009-10, through September 30, 2009					
(unduplicated count)	Quarter	Cumulative		Quarter	Cumulative
Homeless Individuals	64	344	Housing (permanent)	5	37
			Housing (transitional)	10	42
Female	13	56	Housing (emergency)	1	32
Male	51	286			
Transgender	-	2	General Relief only	-	11
			Medi-Cal/Medicare	-	7
Hispanic	27	73	SSI/SSDI	-	7
African American	20	88			
White	14	64	Case management	64	344
Asian/Pacific Islander	1	3	Health care	64	344
Other	2	19	Life skills	-	12
(race doesn't include two quarters; updating)			Mental health/counseling	-	1
16-24	-	4	Recuperative care	64	344
25-49	30	169	Transportation*	-	70
50+	34	171	Substance abuse (outpatient)*	-	2
Program Measures				Quarter	Cumulative
Number of patients referred for recuperative care beds				81	437
Number of patients admitted to recuperative care services				64	344
Number of patients who were discharged from recuperative care services				65	314
Number of patients who were assigned to a primary health care provider during recuperative care stay				64	344
Average length of stay for patients in recuperative care program (days)				25	30
Percent decrease in ER visits 6 months after receiving recuperative care				-	32%
Percent decrease in inpatient admissions 6 months after receiving recuperative care				-	73%
Emergency Housing/Case Management					
Average stay at emergency/transitional housing:				30 days	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				6 hours	
Total case management hours for all participants during current reporting period:				480 hours	
Number of cases per case manager:				25 cases	

Successes: The Recuperative Care program **served 344 unduplicated individuals** to date, from April 2008 to September 2009. At the end of the last quarter, a six-month pre- and post- analysis was conducted on the participants served who received recuperative care services at least six months prior to the analysis. For these recuperative care participants, a pre-post comparison showed a **32% reduction in ER visits and a 73% reduction in inpatient hospitalizations**. In addition, there was a **43% decrease in the number of participants who utilized the ER and a 73% decrease in the number of participants who required hospitalization**.

Challenges: The most significant challenge continues to be the lack of available and appropriate housing after discharge from recuperative care. There are various challenges noted in data collection and reporting activities, particularly given the use of manual data collection and reporting methods.

Action Plan: Efforts to link recuperative care services with permanent housing opportunities are continuing. Eligible participants who are frequent users of DHS inpatient and/or ER services can be referred into the Access to Housing for Health (AHH) program. The recuperative care director at

JWCH has oversight responsibilities for program activities and is continuing to work on addressing the identified challenges, including development of a database/data collection system for these services. DHS staff will continue to meet with JWCH management staff to discuss program status and progress and provide assistance as needed. Although some improvements have been noted for data collection and reporting activities, further improvement is needed and DHS will continue to work with the program director.

Client Success Story: Mr. D was admitted to Rancho Los Amigos Rehabilitation Center due to severe burn wounds to his lower legs. He had a previous hospitalization for these wounds, however his lack of stable housing and support with limited self-care abilities led to an exacerbation of his condition. After his inpatient stay, Mr. D. was admitted to the Recuperative Care Program for his after-care needs.

Although Mr. D. received daily wound care from program staff and follow-up care on an outpatient basis with the referring County facility, it was noted that there was no significant change to his condition. Program staff continued to provide daily monitoring and care as his wounds slowly healed. Mr. D.'s condition improved enough for staff to teach him to perform self-care and dressing changes.

During his recuperative care stay, case management staff assisted Mr. D. with applying for and accessing needed services, such as mental health treatment, support groups, and transportation. His case manager also helped him with housing resources and placement options. An application for permanent housing with the AHH project was submitted and approved. Recuperative care staff worked closely with Mr. D. and AHH staff to plan and coordinate Mr. D.'s discharge from recuperative care into an independent living environment.

Mr. D. was discharged from recuperative care in August 2009 into permanent housing through the AHH program. He is being followed at the JWCH Center for Community Health for his medical needs. Mr. D. was very appreciative of the services and support he received and said he now has a new outlook on his life.

16) Housing Specialists - DMH

Goal: Assist homeless individuals, families, and transition age youth (TAY) to obtain and maintain permanent housing.

Budget: \$923,000 (annually in MHSA funding)

Table C.9: Housing Specialists Program Specific Measures
FY 2008-09

	FY 2009-10	FY 2008-09	FY 2007-08
Number of referrals to program	n/a	842	n/a
Number of property owners contacted	381	360 (QTR)	898

Successes: The Countywide Housing Specialists, funded through the Mental Health Service Act (MHSA), initiated contact with 308 unduplicated homeless individuals and 23 homeless families with a mental illness during the first quarter of FY 2009-10. During the various contacts, the Countywide Housing Specialists provided a variety of housing related services: 70 received assistance to find permanent housing; 312 were referred to an emergency shelter funded through the Department of Mental Health (DMH), 74 were assisted with moving into a transitional housing program and 46 received financial assistance with their moving-in expenses (security deposits). DMH secured additional funding through the American Recovery and Reinvestment Act (ARRA) Emergency Food and Shelter Program (EFSP) to supplement the existing Countywide Housing Assistance Program funded through MHSA and the Projects for Assistance in Transition from Homelessness (PATH) grant. DMH was awarded \$51,051 to provide rental assistance, eviction prevention, hotel/motel vouchers, and grocery store food vouchers.

Table C.10: Participants and Services
FY 2009-10, through September 30, 2009

	FYs 2008-09 and 2009-10	FY 2007-08
Chronic homeless individuals	79	-
Homeless individuals	1,112	2,343
Homeless families	81	255
Transition age youth	12	142
<i>Demographics not provided for all participants in families</i>		
Female	667	*n/a
Male	611	
Transgender	10	
Hispanic	473	
African American	389	
White	300	
Asian/Pacific Islander	33	
Native American	7	
Other	62	
16-24	6	
25-49	1,222	
50+	23	
	FY 2009-10	Cumulative
Moving assistance	140	282
Eviction prevention	5	10
Housing (emergency)	810	1,617
Housing (transitional)	338	641
Housing (permanent)	308	625
Rental subsidy	119	223
Section 8	199	*199
Mental health	681	*681
Life skills	223	223

*Information not available for FY 2007-08.

Challenges: The Department is challenged with assisting its target population (who primarily fall in the low and very low-income levels) to identify affordable permanent housing. In the past, the Department has relied on rental subsidies provided through contracts with the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA) to access private rental housing. Currently, the Department has a limited number of federal housing subsidies available for DMH clients through the Shelter Plus Care and the local Homeless Section 8 Programs offered by both HACLA and HACoLA. Although DMH has been successful in competing for additional rental subsidies with the local housing authorities, the execution of those contracts continues to be delayed.

Action Plan: To confront the challenge of identifying affordable permanent housing to meet the housing needs of low and very low income residents, the Department will continue to apply for rental subsidies offered by the local housing authorities; seek other funding sources for rental subsidies; and disseminate information regarding the availability of affordable housing projects that target individuals with low income.

In addition, DMH will work to move local housing projects with a commitment of MHSa Housing Program funds toward completion, thereby creating approximately 800 new affordable housing units in the County.

Client Success Story: The Service Area 3 Housing Specialist reported that he recently housed one of his clients who had been homeless for over 20 years. The client lived on the streets and in his car with a long history of alcoholism. Prior to seeking assistance with housing, the client participated in mental health services from Arcadia Mental Health for one year. The Housing Specialist worked with the client for nine months to complete the Shelter Plus Care application and identify an apartment. After he was housed, the client had his items secured in his apartment, but he continued to sleep in his car and take showers at the YMCA. The Case Manager and the Housing Specialist offered support and encouragement during this transition from living in his car to having his own place. After thirty days, he was able to sleep in the apartment and take advantage of the apartment's amenities. The client is doing well and has remained housed. He is able to address his alcoholism problem by attending Alcoholics Anonymous (AA) meetings. The Housing Specialist reported that if he did not have a place of his own, it would have been difficult for him to focus and work on his sobriety.

17) Just In-Reach Program

Goal: Engage homeless nonviolent inmates upon entry into jail. Develop a release plan that coordinates an assessment and links clients to supportive services, benefits, and housing options upon their release. Case management team works with clients to obtain employment and explore rental subsidy eligibility.

Budget: \$1,500,000 (One-Time Funding)

Table C.11 : Just In-Reach Program FY 2009-10, through September 30, 2009			
(duplicated count)	Cumulative		Cumulative
Homeless Individuals	202	Housing (emergency)	12
Chronic Homeless	287	Housing (transitional)	113
		Housing (permanent)	61
		Moving assistance	13
Female	142	Job training	258
Male	276	Job placement	30
		Education	44
Hispanic	120	Life skills	10
African American	188	General Relief (and Food Stamps)	56
White	146	General Relief only	56
Asian/Pacific Islander	11	Food stamps only	32
Native American	3	SSI/SSDI	10
Other	49	Veterans' benefits	12
(not for all participants)		Case management	364
		Health care	14
16-24	82	Mental health care	14
25-49	469	Substance abuse, outpatient	40
50+	88	Substance abuse, residential	67
		Transportation	88
		Legal advocacy	107
Program Specific Measures			Cumulative
Number of participants who received intake/enrollment			486
Number of participants who received intake/enrollment within 72 hrs of initial interview			332
Number of participants who did not complete program (exited prior to completing)			120
Number by violent crime			135
Number by non-violent crime			353
Number by area of residence prior to incarceration (most frequent residence)			-
Number by area of residence prior to incarceration (second most frequent residence)			-
Number of times in County jail			636
Number of times in State prison			69
Number of participants with a service plan			1,936
Number of participants with a service plan within a week from intake/enrollment			1,936

Number of referrals provided to participants by type:

- Service(s): Case management, health/medical care, mental health, substance abuse treatment, transportation, and mentoring	330
- Benefit(s): CalWORKs, General Relief, Food Stamps only, Section 8 and/or Shelter Plus Care, SSI/SSDI, Medi-Cal, Veterans	453
- Job/education related service(s): Job training, employment referrals, education	453
Number of participants who do not return to jail	335

Emergency Housing/Case Management**Quarter**

Average stay at emergency/transitional housing: (11 participants)	70 days
Case management (level 1)	
Average case management hours for each participant per month:	2 hours
Total case management hours for all participants during current reporting period:	1,214 hours
Number of cases per case manager:	36 cases

Longer-term Outcomes (6 or more months) FY 2009-10, First Quarter

Maintained permanent housing	28
Maintained employment	7
Enrolled in educational program, school	10
	166
Case management	15
Health care	23
Mental health/counseling	

Successes: The Just In-Reach program (JIR) has assisted in placing 186 homeless or chronically homeless inmates into transitional or permanent housing during the program year. With partnerships with other agencies, the JIR program has contributed directly toward move in costs for placements in permanent housing. Staff continues to work with clients after housing placements to provide them the necessary supportive services to continue their success. JIR staff participate in structured staff trainings that are approved by the Sheriff's Department in order to stay current and consistent with best practices for the clients. Staff has applied training materials into workshops pre and post release. These workshops are often accompanied with written materials that are provided to clients.

Challenges: Staff continues to manage high caseloads due to a high demand for the services. Specifically, JIR employment specialists have had difficulty placing clients into jobs. Most of JIR clients report not having any history of employment. Coupled with the current state of the job market, JIR staff relies heavily on existing and new employer relationships to place the clients. Clients are also given incentives such as clothing and transportation passes for their job search. Once the client is placed, intensive follow up continues with the client to aid them in adapting to new circumstances. Although the enrollment level remains high, it did trend lower for the last two quarters. There is still not enough staff to maintain these high levels, and there is a big emphasis to utilize linkages and existing partnerships.

Action Plan: JIR began incentive plans for participants during their initial contact and have stated that they require a strong commitment from the client before they are entered into the program. Incentives have included transportation and store credits for simply returning for a case management session post release. This has expanded to job search and housing placements. There has been a positive reaction to job seekers, knowing that there is additional incentive in conducting legitimate job searches. JIR staff has increased its participation in employment training, housing training, anger management, and crisis intervention which has been incorporated directly to the clients. During the quarter, staff attended a two day re-entry symposium. In addition, staff participated in an extensive training from an East Coast collaborative that runs a similar program with six years of practical experience. JIR, LASD and County staff continue to work with this outside collaborative in an effort to reach the efficiency and outcomes that the initial program is able to achieve.

Client Success Story: A male client from the Twin Towers facility had re-entered the system after recently completing 15 years in prison. He entered the JIR program as a frequent user of the County Jail and

emergency shelter systems. He was able to secure employment less than one month after release. JIR staff members worked tirelessly with him to secure housing. Although he was able to secure decent income, he had little or no credit history. JIR assisted him in securing credit checks with multiple renters, but he was not able to clear any of them. JIR contacted each landlord after the failed credit checks to try to negotiate for the client and give the landlord assurances that this person would have support. One landlord finally agreed, if JIR would provide a company check to pay for the security deposit and first month's rent. The client has since moved into his own apartment and has begun to reestablish his relationship with his teenage son.

18) Long Beach Services for Homeless Veterans

Goal: Assist veterans with housing, employment, SSI/SSDI, and legal issues such as child support. The program provides case management, outreach, and mental health services.

Budget: \$500,000 (Ongoing Funding)

Table C.12 : Long Beach Services for Homeless Veterans
FY 2009-10, through September 30, 2009

Cumulative		Cumulative	
Homeless Individuals	807	Education	10
Chronic Homeless	114	Job placement	2
Homeless Families	10	Job training	3
Female	112	General Relief (and Food Stamps)	13
Male	818	General Relief	6
Transgender	1	SSI/SSDI	6
Hispanic	199	Veterans' benefits	21
African American	319	Case management	129
White	332	Health care	19
Asian/Pacific Islander	32	Mental health	28
Native American	5	Substance abuse (residential)	8
Other	44	Transportation	144
16-24	62	Life skills	28
25-49	523	Social/community event	5
50+	348	Other	
Moving assistance	16	Credit repaired	34
Housing (emergency)	92	Legal services	4
Housing (transitional)	29	Drivers license reinstated	20
Housing (permanent)	18		
Rental subsidy	13		
Program Specific Measures		Cumulative	
Number of mental health coordination activities conducted		42	
Number of mental health assessments provided to homeless veterans by MHALA		22	
Number of meals provided to homeless veterans. (includes food/meal vouchers)		96	
Number of homeless veterans whose child support payment was eliminated or reduced by SPUNK		44	
Number of outreach sessions conducted by U.S. Vets and DHHS		26	
Number of homeless veterans contacted through outreach sessions by U.S. Vets and DHHS		513	
Number of outreach sessions conducted with veterans recently returning from tour of duty		5	
Number of mental health educational pamphlets developed		2	

Successes: The partners of the Long Beach Homeless Veterans Initiative (HVI) – City of Long Beach, Department of Health and Human Services (City), Mental Health America of Los Angeles (MHALA), Single Parent United N Kids (SPUNK) and United States Veterans Initiative (U.S. VETS) continue to meet regularly and implement comprehensive outreach and service delivery for homeless veterans. To support the goals of the HVI, the partners continue their collaborations with other agencies such as Veterans Affairs Long Beach Healthcare System, Legal Aid Foundation of Los Angeles and the University of Southern California (USC) School of Social Work. The Mental Health Coordinator (MHC) has also established a relationship with the Los Angeles County Department of Mental Health (DMH) Veteran's

liaison to promote future collaborations and funding opportunities with Mental Health Services Act (MHSA) Prevention and Early Intervention programs.

This quarter, the four partner agencies of the HVI served 275 veterans with services that include street outreach, case management, child support reduction, mental health and substance abuse interventions and housing placement. MHALA outreach team has been particularly effective with engagement, building trust with service resistant veterans, and linking them directly to Veterans Affairs (VA) services. MHALA "White Bison" program has been instrumental with the increased engagement of veterans on the street. U.S. VETS recently expanded the Veterans Reentry Project (VRP). The project, which previously had a 12-bed capacity, now serves 23 recently separated veterans. This increase, due to the growing demand for services within Long Beach, provides additional housing resources for the HVI. During the first quarter of the fiscal year, SPUNK reported a total of 35 cases. Of the 35 cases, SPUNK was able to close 16 cases for a total arrears savings of \$278,827. Due to the program's continued success, SPUNK has received requests to expand services to the Veterans Affairs Medical Center and Beacon House, a residential substance abuse center that serves a large number of veterans.

The City's Multi-Service Center (MSC) HVI staff has done extensive outreach to the Veterans Affairs Healthcare System, Clinical Social Work Division. Together, these two agencies are working to streamline referrals for the Department of Housing and Urban Development and Department of Veterans Affairs Supported Housing (HUD-VASH) Program, which provides long-term case management, supportive services and permanent housing support to eligible homeless Veterans. The Veterans Affairs Long Beach Healthcare System is scheduled to receive 105 HUD-VASH vouchers; through ongoing coordination between HVI and VA staff, these vouchers will provide HVI veterans with housing stability.

In addition, the City's MSC, MHALA and U.S. VETS outreach staff participated in the Long Beach Connections Homeless Survey project in July 2009. The Homeless Connections Initiative (HCI) is a group of stakeholders led by PATH and MHALA working together to design specific actions that will help homeless people transition off the streets into housing. A total of 347 people were surveyed, of which 76 self identified as U.S. Veterans. Outreach staff continues to engage the veterans identified during this survey to assist with HUD VASH housing opportunities. During this quarter, three of the 76 veterans surveyed have been housed permanently.

The Mental Health Coordinator (MHC) continues to engage in projects that lead to better access of mental health care for veterans. As a participating member of the Veteran's Mental Health Council in Long Beach, the MHC collaborates with the DMH veteran's liaison to promote the collaborative process between City, County and federal agencies. MHC initiated a Long Beach Discharge Collaborative group comprised of City, County, non-profit and private agencies that are impacted by recidivism and high utilization of emergency medical and mental health services by the most vulnerable populations. This group meets monthly to discuss system barriers, solutions and promote a more comprehensive approach to addressing discharge planning and aftercare. In addition, the Discharge Collaborative will work with other community projects such as HCI in the outreach, engagement and housing of vulnerable homeless veterans.

Challenges: The HVI collaborative had previously reported a challenge in the duplication of client information amongst the different agencies in the collaborative. Each of the partners had been tracking and reporting the data for their clients, while the collaborative worked on a method to eliminate duplicated clients in the demographic information for the report. U.S. VETS staff members are now formally trained to track clients through the Homeless Management Information System (HMIS), which reduces the duplication of information and services for clients served under this collaborative. The HMIS facilitates access to client information by members of the HVI collaborative in order to be able to efficiently coordinate services. In addition to compiling client information, the HMIS also assists with developing accurate reports regarding outcomes for the HVI client population. Using the HMIS has also streamlined intake processes among the collaborative partners working with the same veterans accessing different components of the HVI collaborative. U.S. VETS continues to report barriers in setting up presentations about their programs on the local military bases. SPUNK has encountered various systematic issues due to the backlog in Los Angeles County and the Compromise of Arrears Program (COAP). Due to this

backlog, a case can take up to 4 months. The unemployment rate is 13.8% in Long Beach; therefore affordable housing options have been difficult to access with limited resources available.

Action Plan:

The HVI partners will:

- Continue to provide essential outreach and engagement services to homeless veterans.
- Utilize HMIS to reduce the duplication of information and services for clients served under this collaborative.
- Continue to collaborate with other service providers with the HVI so as to ensure continuity and streamlining of services to veterans experiencing homelessness.
- Collaborate with the Acting Deputy Commander at Los Alamitos Joint Forces Training Base to discuss a partnership that will enable U.S. VETS to participate in the Department of Defense's Yellow Ribbon Reintegration Program (YPRP), which provides resources and counseling to Guard and Reserve members and their families throughout combat deployments.
- Continue to investigate and utilize funding opportunities through the Homelessness Prevention and Rapid Re-Housing Program under the 2009 American Reinvestment and Recovery Act and future Mental Health Services Act Prevention and Early Intervention funding sources.

Client Success Stories:

An 81-year-old chronically homeless veteran had been living out of his van for six years. The client has both mental and physical health issues. He has been unable to obtain housing because of his child support debt and was reported delinquent to various credit agencies. SPUNK was able to get his back child support of \$5,200 reduced to zero, and it was discovered that he had actually overpaid in the amount of \$264. The SPUNK staff member was able to get this veteran a refund of the overpayment. This client was also referred to Legal Aid to investigate whether he was entitled to additional credit towards his child support. The client is moving into permanent housing with the assistance of his HVI case manager.

Through HVI outreach efforts, an honorably discharged homeless veteran of the U.S. Navy was recently admitted to the Veterans Re-entry Project (VRP) program. The veteran experienced co-morbid substance abuse and mental health issues, including suicidal tendencies and depression. U.S. VETS has provided and assisted the veteran in obtaining veterans benefits; counseling services, work re-entry assistance, and case management, among others. As a result of the intensive efforts, he has been stabilized and recently obtained employment as an office clerk. The U.S. VETS team continues to provide ongoing support to this veteran to ensure his successful road to recovery is maintained.

Client is a 45-year-old homeless man partially blind, diagnosed with cataracts in both eyes. HVI outreach staff placed the client at Project Achieve Shelter, and subsequently was referred for medical services to address his vision impairment. He initially received a cane and protective eyewear through the Disabled Resources Center. He was then referred to St. Mary Medical Center's Low Vision Center/ Angels for Sight Program (ASP), and has now started the process for eyesight restoration. The client shared that he had grant writing experience with his ASP counselor and was looking for a job. The client was offered a position with ASP, and he is thrilled to have the opportunity to give back to a program that helped restore his vision.

19) Los Angeles County Homeless Court Program

Goal: Assist homeless individuals with clearing outstanding tickets, fines, and warrants upon successful completion of rehabilitation recovery programs for mental health, substance abuse and/or other issues.

Budget: \$379,000 (On-going Funding)

Table C.13 : Los Angeles County Homeless Court Program Participants FY 2009-10, through September 30, 2009					
	FY	Cumulative		FY	Cumulative
Homeless Individuals	322	1,510	Hispanic	81	362
Female	117	519	African American	149	767
Male	204	987	White	71	302
Transgender	1	4	Asian/Pacific Islander	11	26
			Native American	7	13
			Other	3	40
Alternative court	287	1,453			
Transportation	35	52	15 and below	-	-
Food card	24	24	16-24	33	129
Housing (emergency)	2	2	25-49	203	971
Substance abuse treatment (residential)	2	2	50+	86	410
Program Specific Measures				FY	Cumulative
Number of Los Angeles County Homeless Court motions received				950	4,339
Number of program participants whose qualifying motions are submitted to and filed by Superior Court, and resolved within 30 days of submission				932	4,321
Number of audited records in the Superior Court's automated case management systems (TCIS/ETRS) that are accurate				100%	100%
Number of motions that are granted by Superior Court				48	195
				100%	
Number of motions that are denied by Superior Court				932	4,257
				100%	
Number of individual cases filed under the Los Angeles County Homeless Court				-	8
Number of participants whose applications are submitted to the Los Angeles County Homeless Court within 30-days of initial contact with participant				987	4,880
Number of participants that have Los Angeles County citations or warrants dismissed upon program completion				272	1,387
Number of participants who complete at least 90 days of necessary case management, rehabilitative, employment or mental health services before their first appearance in Court				169	1,291
Number of case managers who receive training on Los Angeles County Homeless Court benefits, application and eligibility requirements, and legal resources				287	1,447
				291	1,256

Successes: During this quarter, Public Counsel and Volunteers of America (VOA), with whom Public Counsel subcontracts to administer the Homeless Court Program's transportation services and emergency hotel and food vouchers, succeeded in identifying two hotels to accept emergency hotel vouchers, one in East Los Angeles and one in South Los Angeles. With the implementation of this component, VOA is now administering all three services—transportation, housing and food—as provided for in the subcontract. Public Counsel and VOA also worked together to create a uniform procedure for administering all three services so that they can be accessed more effectively and their usage can be tracked more accurately.

Public Counsel and VOA have also been successful in increasing utilization of transportation services. Transportation services are especially valuable for getting clients to and from Homeless Court sessions. In addition, transportation services help clients get to other courts and the mental health, substance abuse, housing, vocational, and case management service providers that play a crucial role in helping Homeless Court participants overcome the problems that led to or prolonged their homelessness.

Superior Court: With the increase in the number of clients and the associated requests for court relief, a second judicial officer (Honorable Gregory A. Dohi) has agreed to participate in the graduation ceremonies. Now, for each graduation ceremony there are two sessions. One continues to be presided

over by the Honorable Michael A. Tynan. The advantages of two equally weighted and smaller sessions include that each ceremony takes less time to complete and the judicial officers have more time to recognize individual participating clients. Superior Court refined workflow procedures to better group client motions for judicial review and determination. The results have included faster turnaround times for both judicial review and clerical processing.

Challenges: The greatest challenge this quarter for the Homeless Court Program was a significant turnover in staff at the Los Angeles City Attorney's Office. The departure of City Attorney staff that played an integral role in the development and operation of the Homeless Court Program has resulted in the loss of expertise and valuable leadership. However, new City Attorney staff has been assigned to the program and all indications are that the City Attorney's Office will continue to fully support and facilitate the implementation of this vital program. Public Counsel also experienced staff turnover during this quarter. Although this required a temporary diversion of resources towards the training of the new personnel, Public Counsel does not anticipate any loss of productivity or capacity to serve those accessing the program.

One Superior Court performance measure is to ensure all matters are resolved within 30 days of submission. Resolved means that a judicial officer has ruled on the request, all clerical processing has been completed, and Public Council has received notice of ruling. A continuing challenge for Superior Court remains in obtaining all case files wherein the prosecutor has filed a formal complaint against a client in a timely manner. Superior Court staff at the Central Arraignment Courts sometimes encounters delays in obtaining case files from other courthouses. This can result in delays in processing all of a client's pending requests for court relief at the same time.

Action Plan: During this transition period, Public Counsel's Homeless Court team is focusing its efforts on training new staff and volunteers on all aspects of the Homeless Court process, including the administrative procedure for resolving citations as well as management of the ceremonial Homeless Court sessions. Public Counsel's staff is also working to ensure that Homeless Court cases continue to be processed efficiently while new staff is trained. Regular meetings continue to occur with the new City Attorney staff to ensure continuity in the services provided to the community.

Superior Court: Public Council recently assigned different staff to participate in this program. Superior Court began working with Public Council to set up training on reviewing the information contained in the Court's case management systems.

Client Success Story: Client M was referred to Homeless Court by his Department of Public Social Services General Relief Opportunities for Work (GROW) caseworker. He had been looking for work but found that his outstanding citations hindered his job search. Once his citations were resolved through Homeless Court, he was able to be hired as a fire safety inspector.

After years of struggling with substance abuse, Client R sought help from a drug and alcohol rehabilitation program. Once he had completed 90 days of treatment, his case manager applied to Homeless Court on his behalf. His outstanding citations were resolved through Homeless Court, making it possible for him to work as a driver for the drug and alcohol rehabilitation program in which he had participated. He was recently accepted into a violence prevention program at a top university in Southern California and he plans to focus his career on reducing gang violence.

20) Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program

Goal: Assist individuals to move into permanent housing.

Budget: \$1.1 million (One-Time Funding)

Table C.14: Moving Assistance for Single Adults Program Measures

FY 2009-10, through September 30, 2009

(unduplicated count)	FY	Cumulative	Cumulative
Homeless Individuals	168	767	Female 252
			Male 337
Number applications received	168	767	
Moving assistance approved	50	240	16-24 23
Percent applications approved	30%	31%	25-49 285
Average days to approve	10	*	50+ 281
Average amount of grant	\$595	**	
***			Hispanic 75
General Relief (w/FS)	82	244	African American 360
General Relief only	3	12	White 128
Food Stamps only	18	27	Asian/Pacific Islander 1
Medi-Cal/Medicare	-	1	Native American 20
SSI/SSDI	5	25	Other 5
Section 8	-	1	
Shelter Plus Care	-	10	
Veterans' benefits	-	2	

* FY 2007-08 average was 20 days; FY 2008-09 average was 12 days.

**FY 2007-08 average was \$575; FY 2008-09 average was \$722.

***Cumulative data for benefit information only includes FYs 2008-09 and 2009-10.

Successes: The program maintained a steady increase in the number of referrals for this reporting quarter.

Challenges: To date, the program is still experiencing a low number of approvals despite the increase in referrals.

Action Plan: The program plans to continue outreach efforts at transitional shelters and other agencies that provide services to the homeless population.

Client Success Story: Mr. G, a homeless participant, had difficulty in getting a job because of his situation. Fortunately, Mr. G was referred to the Single Adults Move-In Program and was provided the security deposit to move into permanent housing. The move enabled Mr. G to search and apply for employment. He called his HPI Eligibility Worker to inform him that he has gone for several interviews and may be offered a permanent job soon.

21) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.15: Project 50 Participants and Services					
FY 2009-10, through September 30, 2009					
(unduplicated count)		FY Cumulative		FY Cumulative	
Chronic Homeless Individuals (ever housed)		58		Education	- 2
Female	2	7		Job training/referrals	- 2
Male	3	50		Job placement	- 2
Transgender	-	1		General Relief (GR,FS)	- 10
				General Relief only	3 10
				Food Stamps	- 1
Hispanic	1	12		Medi-Cal/Medicare	5 21
African American	3	46		Section 8	- 1
White	1	7		Shelter Plus Care	5 46
Asian/Pacific Islander	-	-		SSI/SSDI	5 36
Native American	-	-		Veterans	3 11
Other	1	1			
25-49	1	17		Case management	38 41
50+	4	41		Health care/medical	37 41
				Mental health/counseling	35 38
Eviction prevention	2	10		Social/community activity	- 30
Housing (emergency/transitional)	5	46		Substance abuse (outpatient)	- 20
Housing (permanent)	5	58		Substance abuse (residential)	5 14
Rental Subsidy	-	41		Transportation	- 35
Moving assistance	1	2		Legal Services	- 11
Longer-term outcomes (6 of more months)				Quarter	
Continuing to live in housing				41	
Receiving rental subsidy				41	
Obtained employment				2	
Maintained employment				1	
Enrolled in educational program				2	
Case management				41	
Health care				41	
Mental health/counseling				34	
Substance abuse treatment (outpatient)				30	
Substance abuse treatment (residential)				5	
No drug use				14	
Reunited with family				3	
Case Management				Quarter	
Level 3 case management services					
Average for each participant per month:				15 hours	
Total hours for all participants:				157 hours	
Number of cases per case manager:				15 cases	

Program Specific Measures	Quarter	Cumulative
Number of participants who exited housing	-	11
Number of participants developing individualized treatment plans	5	46
Number of participants participating in a housing retention group	-	30
Number of Project 50 participants having arrests	4	19
Number of Project 50 participants having hospitalizations	3	18
Number of Project 50 participants having an emergency room (ER) visit	2	8
Number of Project 50 participants with increased income (i.e., due to SSI/SSDI, GR)	3	19

Successes: Project 50 was one of the top ten recipients of the Quality and Productivity Award for 2009. Project 50 has an 89% housing retention rate along with a 70% rate of participants with SSI. Specifically, 32 people have received SSI, and 11 applications have been submitted for the remaining participants. Two have been denied for various reasons.

The goal for the project is for homeless participants to be sustained in permanent supportive housing. The project has also demonstrated that various County, City and non-profit agencies can work together as a team to make this project a success. Project 50 staff has initiated a Community Integration program that encourages participants to visit various cultural and recreational attractions throughout the city. The most recent trip to the J. Paul Getty Museum in Brentwood was a rousing success. The participants had a personal tour and several expressed a desire to return again to this wonderful cultural icon. Project 50 continues to innovate and support participants as they integrate into and maintain stable housing.

Challenges: Working as a team, the Project 50 staff has had significant success in maintaining housing for the chronic homeless. The team continues to work with clients to resolve substance abuse and poor money management.

Action Plan:

- Utilize other agencies to assist in locating appropriate potential participants for housing. The Project 50 staff have refreshed the Registry to concentrate outreach and engagement activities on an ongoing basis;
- Encourage staff stability, explore development of a process group for participants to deal with loss;
- Continue to add participants to continually have 50 clients currently housed; and
- Hire a money manager and continue intensive substance abuse interventions.

Client Success Story: Client M has been going to school to regain his Merchant Marine License. He has passed all his coursework and is awaiting physical and security clearance before he returns to work.

22) Santa Monica Homeless Community Court

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000 (Board Approved Funding)

Table C.16: Santa Monica Homeless Community Court Participants and Services
FY 2008-09, Cumulative (February 2007 – June 2009)

(unduplicated count)	Cumulative		*Cumulative
Chronic Homeless Individuals	155	15 and below	-
		25-54**	121
Female	49	55+	34
Male	106	Housing (emer/trans)	66
		Housing (permanent)	26
Hispanic*	17	Rental subsidy	11
African American	34		
White	102	Alternative court	155
Asian/Pacific Islander	3	Case management (level 3)	148
Native American	1	Mental health	65
Other	15	Substance abuse (outpatient)	5
		Substance abuse (residential)	32
Program Specific Measures			Cumulative
Total number of clients who have enrolled in Program			155
Number who participate that have citations or warrants dismissed upon completion			118 (72%)
Number who receive an emergency shelter bed and remain for two weeks or longer			35 (53%)
Number who accessed psychiatric and/or mental health services, received their mental health services at a DMH facility within the six-month program period (February-June 2009)			24 (37%)
Number who enter residential treatment complete a substance abuse program of 90 days or longer			24 (71%)
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program			70% reduction
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)			24 (92%)
Average length of stay in emergency housing:			14-160 days

*Latino is not categorized as a distinct race by Santa Monica Homeless Community Court.

** Age range is categorized differently by Santa Monica Homeless Community Court.

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is its relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and social worker, provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming directly from mental health symptoms. A secondary but lasting benefit of the Edelman collaboration is

streamlining the eventual transfer of client services from in-office services at the Homeless Services Center to long-term mental health care at Edelman or other Department on Mental Health facilities.

Exodus Full Service Partnership (FSP) has been another valuable collaborator with the Homeless Community Court Program. A dually diagnosed client referred to this program was rapidly entered into intensive services with an outreach case manager. Working in tandem with Homeless Community Court and Exodus staff, this client was able to access a full range of services including psychiatric care, substance abuse treatment, emergency shelter, and permanent housing at a sober living. The FSP's collaboration with Exodus Mental Health Urgent Care Center accelerated the client's access to mental health services and dealt with acute mental health situations. This collaboration has also contributed to St. Joseph Center's familiarity with the services offered by Exodus Urgent Care, benefiting the agency more generally.

Building on the success of the Chronic Homeless Program (CHP), the program has managed to link many CHP participants to the Court which has resulted in the removal of barriers and has allowed for the successful transition by clients to the next phase of their lives.

Continued collaboration between service providers, police and fire has allowed the program to continue engaging clients in the field and seizing opportunities to refer them to the program, when it appears they will be receptive to services.

The program's talented Public Defender is greatly appreciated not only by the Resource Coordinator but also by the service providers. She creatively strikes a balance between advocating for her clients and using her motivational interviewing techniques to help clients see the benefits of connecting to services.

Challenges: The voluntary nature of the program allows many of the most chronic, high users of police, fire and social services the opportunity to opt out of the program. These are the very people the program had wished to engage in services using the authority of the Court. Experience has shown that many of the most chronic homeless do not want to access services. Moreover, the voluntary nature of the program does not allow the program to use the authority of the Court to connect individuals to much needed resources, including: mental health, psychiatric, medical, substance abuse and monetary assistance programs – all of which can be barriers to stabilizing clients, housing them and helping them maintain their housing.

Action Plan: The Court will only accept participants cited with quality of life crimes – misdemeanors and infractions. The Court will not accept felons or sex offenders. The very nature of the crimes, misdemeanors and infractions, prevent the court from following participants for extended periods of time and result in citations being dismissed with limited client progress. Greater oversight by the Court could have a very positive influence on participants and result in better outcomes. Currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts both substance abuse treatment and housing placements. Indeed, because of Case Management initiated by the Court, some individuals may achieve outcomes months after their exit from the program.

Court participants would benefit from a more directive tone and more exact prescriptions from the Court. While this has improved, the program continues to need progress in this area. The court appointed psychiatrist linked with the program supports this change in tone of court orders, and feels that it would result in greater client success. Furthermore, it would lend more objective finality to the process, taking out a great deal of ambiguity for the client.

23) Santa Monica Service Registry**A) Step Up on Second****Budget:** \$ 518,000 (Board Approved – Third District)**Table C.17: Step Up on Second, Santa Monica Service Registry**

FY 2009-10, through September 30, 2009

(unduplicated clients)	Cumulative	Cumulative		Cumulative
Chronic Homeless Individuals	27	Moving assistance		11
		Housing (transitional), 38 day stay		13
Female	9	Housing (permanent)		9
Male	18	Housing (emergency)		2
		Eviction prevention		2
Hispanic	5	Rental subsidy		7
African American	5			
White	15	General Relief with Food Stamps		1
Other	2	Medi-Cal/Medicare		1
		Case management		46
25-49	13	Health care		6
50+	14	Life skills		23
		Mental health care		31
		Social/community activity		33
Job training	1	Transportation		33
Section 8	1	Substance abuse treatment (outpatient)		3
Shelter Plus Care	3	Substance abuse treatment (residential)		4
		SSI/SSDI		1
		Alternative court		2
Case management level 3			Quarter	
Average hours per case:				20
Total number of hours:				498
Caseload per case manager:				6
Longer-term outcomes (six months)				
Continuing to live in housing				2
Continuing to receive rental subsidy				2
Case management				7
Health care				2
Good or improved physical health				2
Mental health care				5
Good or improved mental health				4
Number of organizations/agencies that your program has a formal collaboration for this project				6
Number of times collaborative partners met each month				1
Total amount (\$) of HPI funding leveraged for project				\$2,645,657
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)				68%
Total number currently enrolled in program				84
Number of participants who left the program during this period				32
Number of clients who received an assessment (if applicable)				1
Cost per participant				\$1,639
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning/end of the quarter				20
				0

Successes: The HOME Team has provided ongoing case management to 20 active clients in need. They have been successful in supporting permanent, transitional and emergency housing for 13 of these participants. In this reporting period the program assisted two participants in diverting legal consequences by writing letters of support and attending court dates. They prevented an eviction of a participant through mediation with tenant and landlord. The HOME Team provided support and transportation assistance to promote physical health and medical intervention. In addition, they provided support and case management to assist participants in increasing their mainstream benefits.

Challenges: There are several challenges in assisting chronically homeless individuals into permanent housing. It is difficult to prepare a client for the interview process with a landlord due to their emotional state and appearance. Clients can become resistant, uncomfortable and even experience a triggering of

their symptoms from the pressure of having to meet with a person of authority and fill out paperwork to apply for housing. Landlords may not be familiar with the Section 8 process and may have had some previous experiences with Section 8 that cause them to pause when considering the chronic homeless population. In Santa Monica, the team has an additional challenge of finding apartments that are compatible with the monetary cap of Section 8 requirements. Finally, participants are subject to the fears and bias people have about mental health issues. Also, there is self-stigma which leaves individuals living with a mental illness to feel powerless, causing them to settle for less than they deserve or not even attempting to utilize these housing opportunities.

Action Plan: The Step Up HOME Team will continue to acquire Section 8 vouchers and increase benefits for participants. The team will educate and encourage participants to engage in a money management program to assist them in improving their financial situation so they will be prepared to pay rent and a deposit when housing options are available. They will assist participants in navigating the legal system to reduce or remove legal barriers to housing and growth. The program will educate participants in presentation skills and better prepare them for interviews. In addition, the program will outreach to landlords and property management companies in the community to educate them about the Section 8 program and encourage their participation. Through such resources as Craigslist, the program advertises to landlords willing to accept Section 8 voucher holders. During home visits with participants who are housed, staff will assist in improving their life skills so that they can maintain their home and retain their housing. Moreover, the program will continue to assist participants in maintaining their physical health through connections to medical and dental care.

Client Success Story: Client J was diagnosed with major depression and alcohol abuse. He struggled with his mental illness, self-medicated by taking more than prescribed medications, and was not able to keep scheduled appointments. In January 2008, he was placed on the City of Santa Monica's Service Registry and listed as vulnerable. He became familiar with the Santa Monica Police Department, and eventually, after several arrests for intoxication was referred to Drug Court. From there he was sent to the CLARE Foundation for detox services and the Step Up on Second HOME Team advocated for him to be placed into their six month recovery program. In May 2009, the client and the Step Up team completed and submitted a Shelter Plus Care application to the City of Santa Monica Housing Authority and received his voucher in July. At that time, the client was accepted into Turning Point Transitional Program. During this period, the HOME Team searched for housing and supported him with his sobriety. In August 2009, the client and the HOME Team met with a landlord who agreed to rent an apartment to him. Together, the HOME Team and the client visited a furniture store and selected furniture for his apartment. Client J moved into permanent housing in September, and he continues to maintain sobriety, keeps scheduled psychiatric appointments, meets with the HOME Team weekly, and meets with his Shelter Plus Care case manager bi-weekly.

B) OPCC Safety Net (Access Center)**Budget:** \$ 660,000 (Board Approved, Third District)**Table C.18: OPCC Safety Net (Access Center)**

FY 2009-10, through September 30, 2009

(unduplicated clients)	Cumulative	Cumulative
Chronic Homeless	43	Section 8 9
		SSI/SSDI 7
Female	11	Shelter Plus Care 7
Male	32	Job placement 1
		Job training 4
Hispanic	2	
African American	8	General Relief with Food Stamps 2
White	30	General Relief 2
Asian/Pacific Islander	1	Food Stamps 2
Native American	-	Alternative court 2
Other	2	Case management 39
		Health care 16
25-49	19	Mental health care 24
50+	24	Substance abuse treatment (residential) 5
		Substance abuse treatment (outpatient) 8
Housing (emergency)	30	Food 12
Housing (transitional), avg. stay 24 days	7	Clothing 4
Housing (permanent)	8	Transportation 16
Rental subsidy	6	Life skills 8
Moving assistance	7	Recuperative care 1
		<u>Case management level 3</u>
		Average hours per case: 337
		Total number of hours: 1,012
		Caseload per case manager: 10
Longer-term outcomes (six or more months)		
Continuing to live in housing		1
Receiving rental subsidy		1
Case management		10
Health care		3
Good or improved physical health		3
Mental health care		4
Good or improved mental health		4
Number of organizations/agencies that your program has a formal collaboration for this project		4
Number of times collaborative partners met each month		2
Total amount (\$) of HPI funding leveraged for project		\$2,238,567
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)		54%
Number of participants who have enrolled (entered) into program during the reporting period		213
Number of participants who left the program during this period		128
Total number currently enrolled in program		334
Number of clients who received an assessment (if applicable)		919
Cost per participant		\$2,517
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter		n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter		n/a

Successes: OPCC Project Safety Net has outreached and engaged 40 of the most vulnerable, chronically homeless individuals in Santa Monica. OPCC Project Safety Net has secured permanent housing for eight chronically homeless clients since its inception. This quarter, two clients were placed in permanent housing. It is expected that an additional four individuals will sign leases and move into their own apartments in the coming days to be reflected next quarter. Four clients currently live in transitional housing (including a sober living facility, an inpatient treatment program, a VA residential program and OPCC Safe Haven shelter). This quarter, 11 clients stabilized in emergency housing in either shelter or

master leased units. One client is conserved in a VA facility, and an individual is in long-term hospitalization in the process of conservatorship due to grave disability.

To date, a total of 22 individuals accessed temporary or permanent housing this quarter. Additionally, eight individuals who currently hold housing vouchers are either seeking an apartment or have already secured an apartment (a ninth voucher was held by a client who passed away while in a master lease program this quarter). An additional four individuals have submitted completed applications to the Santa Monica Housing Authority and await approval for voucher issuance.

Challenges: Substance addiction, physical health conditions and serious untreated mental health issues, including resistance to mental health treatment are ongoing challenges. Staff is required to utilize much creativity, persistence and flexibility to face the hostility, suspicion and alienation often encountered by those with the longest histories of homelessness. The lack of low income housing and the time it takes to navigate government systems such as the Housing Authority, Social Security Administration, and obtaining ID, are significant challenges. However, interaction with the Santa Monica Housing Authority has become more efficient, and the program has made inroads in reaching willing landlords. Supporting housed clients with special needs who require intensive life skills training is time consuming and challenging. Project Safety Net lost its psychiatrist this quarter, and this has made it challenging to connect clients on the street with mental health.

Action Plan:

- OPCC Safety Net continues to creatively recruit landlords and provide them with the intensive support required for them to be willing to participate in the housing program.
- Project staff continues advocating with the Santa Monica Housing Authority to increase timeliness and efficiency in the housing voucher application process.
- Staff team will continue fostering a good working relationship with the Santa Monica Police Department's Homeless Liaison Program to move clients forward into services.
- Team is currently recruiting a new psychiatrist.
- Peer support groups are being developed in the next quarter to strengthen support to the increasing number of permanently housed clients.

Client Success Story: Client M, a senior who is partially deaf and blind, became homeless in 1981 after losing his job with the US Postal Service due to cutbacks. For 23 years he lived on the streets with no source of income; it was only in the last five years that he received General Relief benefits. Always very private and proud, he lived "under the radar" and refused any form of assistance. His plan was to "lay low" and sleep on the street until he became old enough to qualify for Social Security. In the past he came to OPCC's Access Center, but whenever anyone mentioned shelter he would quickly disappear. It took an intensive effort of developing enough trust to begin to accept help in small ways, but on his terms. As he became willing to accept services, however, things came together. He went into emergency housing in a motel room, and worked with his case manager to secure a housing subsidy with the Santa Monica Housing Authority. The client moved into his own apartment this month, and he has shown himself to be an ideal tenant - respectful and responsible.

IV. PROGRAMS FOR MULTIPLE POPULATIONS

24) Los Angeles County Housing Resource Center, (LACHRC; formerly known as the Socialserve Housing Database)

Goal: Provide information on housing listings to public users, housing locators, and caseworkers.

Budget: \$382,000 (\$202,000 allocation from HPI funding and \$180,000 from CDC).

Table D1: LACHRC Program Measures		
June 1, 2007 – September 30, 2009	Cumulative	Year 1 6.1.07 - 6.30.08
Number of landlords registered on the site	6,595 <i>1,316 new</i>	3,505
Average monthly number of units available for rental	2,902	1,324
Total housing unit/ apartment complex listings registered on site (includes units that have been leased) (<i>as of December 2008</i>)	11,174 <i>1,402 new</i>	5,171
Total number of housing searches conducted by users that returned listing results	3,692,074 <i>402,996 new</i>	1,590,825
Average number of calls made/received to the Socialserve.com toll-free call center per month	3,034	2,897
Number of collaborative efforts forged between County Departments, Cities, and other stakeholder agencies.	78 <i>8 new</i>	33

Successes: The focus of activities during this past quarter was the development of an on-line pre-screening tool for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the federal ARRA stimulus fund initiative. The website developer successfully developed a simple on-line form that allows the general public and County departments to quickly determine HPRP eligibility and make appropriate referrals for intake. The website also provides a rent comparability tool that assists County staff in placing HPRP clients in housing.

Challenges: The website is being used effectively to assist both the public and County staff in the implementation of both federal stimulus fund programs – Neighborhood Stabilization Program (NSP) and HPRP. However, the high priority rollout of these new federal programs continues to push back implementation of other housing information services and website functions planned for the website.

Action Plan: The following are key action items: 1) the contractor will continue to refine the HPRP pre-screening and referral tools and provide training for County departments; 2) the NSP State program will be added to the website; 3) additional mapping features are being launched to display NSP target areas in an interactive Google Map format; 4) the City of Pasadena will launch a partner site; and 5) LACHRC will outreach and partner with the Apartment Association of Greater Los Angeles.

Client Success Story: The Department of Public Social Services was able to use a “rent comparability” tool on this website that helped them meet federal program requirements to approve HPRP housing payments. Because the LACHRC has a database of local rental properties, it allows for rent reasonableness studies of comparable units. The contractor, Socialserve.com, provided the tool and training to County staff, which assisted with the timely launch of the HPRP program in the Los Angeles Urban County.

25) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles County Housing Innovation Fund, LLC (LACHIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million (One-Time Funding)

Table D.2: Pre-development Revolving Loan Fund		Quarter
FY 2009-10, through September 30, 2009		
Number of applications received that are eligible for the RLF.		4
Number of projects with a complete environmental review within 90 days		-
Number of projects with environmental clearance		-
Average amount of time from receipt of application to loan approval		-
Dollar (\$) amount of loans distributed by LLC		-
Average length of time from loan close to loan maturity date		-
Average length of time from anticipated construction start to end date		-
Number of loans approved		-
Number categorized as predevelopment		-
Number categorized as land acquisition		4
Number of loans by Supervisorial District		
Supervisorial District 1		2
Supervisorial District 2		-
Supervisorial District 3		-
Supervisorial District 4		-
Supervisorial District 5		2
Number of special needs households to be served by each loan		42
Number of low-income households to be served by each loan		209
Number of proposed total and affordable housing units		251
Number of housing units to be developed at 60% or below AMI		251
Number of housing units to be developed at 35% or below AMI		42
Number of reports collected on time from LLC		-
Number/percent of lost loans (live to date)		-

Successes: On July 28, 2009 \$9,800,000 was wired to the Los Angeles County Housing Innovation Fund LLC (LACHIF).

Challenges: The current financial markets are making investment in the fund difficult.

Action Plan: On July 28, 2009, the Board of Commissioners approved a restructuring plan for the LACHIF. The LACHIF is currently negotiating investments by three financial institutions.

26) Project Homeless Connect

Goal: Provide individuals and families with connections to health and human services and public benefits to prevent and reduce homelessness.

Budget: \$45,000 (One-Time Funding)

Project Homeless Connect (PHC) is designed to bring government, community-based, and faith-based service providers together, as well as other sectors of the local community, to provide hospitality, information, and connections to health and human services and public benefits to homeless individuals and families. PHC provides a unique opportunity for homeless individuals and families to access services in a supportive, community-based, "one-stop shop" setting. The Los Angeles County, Chief Executive Office (CEO) participates as the lead organizer for local PHC Day events, which normally take place during the first week of December; however, recent need and popularity of PHC Day has resulted in events on an ongoing, year-round basis.

Successes: Between December 2006, which is the first year the CEO served as the event coordinator, and February 2009, PHC Day events have served to connect/engage 8,848 homeless participants with: public benefits, health and mental health screenings, dental services, voice mail services, substance and alcohol treatment, food distribution programs, alternative courts and legal assistance. Health services included immunizations such as flu shots. Social services included domestic violence services and shelter and parenting classes. Table D.3 shows the total number of PHC participants who were linked to emergency, transitional, and permanent housing by fiscal year.

On April 16, 2009, an estimated 115 clients attended the first annual Whittier Connect Day event; approximately 20% of the guests at the Whittier event were classified as "at-risk" of homelessness. One family was housed in emergency housing at the Whittier Salvation Army. Clients were offered Influenza and other vaccinations, birth certificate applications, California identification card applications, alcohol and drug treatment, and referrals to various health and human services. Additional services included: checking and savings account information, legal assistance, health education and screenings, mental health assessments, as well as public benefits. Specifically, resources for SSI eligibility, parenting/child welfare guidance, foreclosure information/counseling, Healthy Families enrollment, food bank resources, and free community voice mail services were offered.

Challenges: With the current economic condition and the fact that families and individuals are losing their homes due to property foreclosures, future Project Homeless Connect events will need to continue to target the at-risk population.

Table D.3: Project Homeless Connect

Fiscal Year	Emergency Housing	Transitional Housing	Permanent Housing
FY 2006-07	59	-	70
FY 2007-08	117	19	-
FY 2008-09	235	78	25
Total	411	97	95

V. CITY AND COMMUNITY PROGRAM (CCP)

Capital Projects

Successes: A total of nine capital projects are funded under the CCP, and the Bell Shelter project has been completed. The Community Development Commission (CDC) is in constant contact with all of the capital developers regarding the projects. The CDC has set up internal tracking systems to monitor project progress. The timeline for execution is being determined based on the need of each grantee. It is customary for grants to be executed near the start of construction. Loan agreements are being finalized for three capital projects.

Challenges: The progress of many projects has been delayed by the State budget freeze, and one project (Century Villages at Cabrillo) is still awaiting State funding. One project (Mason Court) is in need of additional gap financing.

Action Plan: Continuing from the previous quarter: the CDC is determining with each developer, whether or not to enter into the grant agreements soon or if it is best to wait until near the beginning of construction to avoid the necessity of several amendments. The CDC staff will provide technical assistance and conduct site visits to projects that are not under the oversight of any other public agency.

Cumulative Expenditures to Date: \$3,817,638

Service Projects

Successes: To date, the CDC has executed 15 service contracts that are in full implementation. Four additional service contracts will be executed upon completion of the capital component of these projects. Programmatic and financial monitoring of projects began in September, with the initial four engagements completed and another six scheduled in the next six weeks. The results so far reveal that the programs are being implemented as proposed and costs are properly supported. Only minor deficiencies in internal control and administrative procedures have been noted.

Most agencies have recruited program staff, and have developed subcontract agreements with their identified collaborators. Most have been expending funds, with the remaining planning to do so in the next month. To that end, the CDC has assisted a number of agencies in the submittal of payment requests and required documentation to support expenditures. Projects that had a slow start needed time to hire for key positions and to coordinate with subcontractors to ensure they meet all CDC requirements. Additionally, four service projects will not start until their capital project component is completed.

CDC worked extensively with their Risk Manager to facilitate the review and approval of insurance documentation for both the HHPF/CCP agencies and their subcontractors, while still meeting the County-mandated requirements. The Risk Manager and County Counsel have revised the language in contracts so that the responsibility to verify subcontractor compliance with insurance requirements will be with the contracted agencies instead of the CDC. The CDC also strengthened the indemnification provisions in the contracts. To implement these changes, the CDC processed contract amendments, which are currently in the final stages of approval.

Challenges: A number of agencies had not used automated systems before and were challenged by the CDC's automated systems for digital contract execution and submittal of payment requests. CDC provided extensive individual technical assistance and training in these areas and has successfully resolved all of these concerns. They continue to provide technical assistance to agencies in the contract amendment process and bring new agencies up to speed as they start the online billing process. Cloudbreak Compton, one of the developers, notified CDC that they have worked out a new partnership with United States Vets (US Vets) who will again be the service provider for their project. US Vets has responded to CDC's letter with a formal reconciliation of the two parties as well as provided a response to unresolved financial issues. The CDC will continue to work with both Cloudbreak Compton and US Vets to facilitate resolution of all pending issues.

Action Plan: The CDC will continue to implement the programmatic and financial monitoring of these projects, which began in September 2009. CDC completed four monitoring visits as of this writing, and

has scheduled six more in the coming month and a half. The CDC plans to visit all agencies on a quarterly basis and will adjust the priority of these visits based on the results of previous monitoring reviews.

Cumulative Expenditures to Date: \$4,086,552

27. City and Community Program (CCP)

- a. A Community of Friends (ACOF) – Permanent Supportive Housing Program
- b. Ocean Park Community Center (OPCC) HEARTH
- c. Catalyst Foundation for AIDS Awareness and Care –Supportive Services Antelope Valley
- d. Homes for Life Foundation – Vanowen Apartments
- e. Hope Gardens Family Center (Union Rescue Mission)
- f. National Mental Health Association of Greater Los Angeles – Self-Sufficiency Project for Homeless Adults and TAY in the Antelope Valley
- g. National Mental Health Association of Greater Los Angeles – Self-Sufficiency Project for Homeless Adults and TAY in Long Beach
- h. Skid Row Housing Trust – Skid Row Collaborative (SRC2)
- i. Southern California Alcohol and Drug Programs – Homeless Co-Occurring Disorders Program
- j. Special Service for Groups (SSG)
- k. Volunteers of America Los Angeles – Strengthening Families
- l. Women's and Children's Crisis Shelter
- m. City of Pomona: Community Engagement and Regional Capacity Building
- n. City of Pomona: Integrated Housing and Outreach Program

27a) A Community of Friends (ACOF) - Permanent Supportive Housing Program

Budget: \$1,800,000 (City and Community Program)

Table D.1: ACOF			
July 1, 2008 – September 30, 2009			
(unduplicated count)	Cumulative		Cumulative
Homeless Individuals	191	Education	26
Chronic Homeless	36	Job training, referrals	19
Homeless Families	118	Job placement	21
Female	318	CalWORKs	78
Male	275	General Relief w/Food Stamps	46
Transgender	1	General Relief only	3
		Food Stamps	3
Hispanic	146	Medi-Cal/Medicare	10
African American	331	Shelter Plus Care	34
White	102	SSI/SSDI	234
Asian/Pacific Islander	7		
Native American	-	Alternative court	3
Other	6	Case management	342
<i>More than one race/ethnicity may be selected</i>		Life skills	340
		Mental health	299
15 and below	178	Health care	164
16-24	69	Social/community activity	277
25-49	225	Substance abuse treatment (outpatient)	87
50+	122	Substance abuse (residential)	5
		Transportation	178
Moving assistance	11	Residential management support	331
Eviction prevention	18		
Rental subsidy	335	Case management (level 2)	
Housing (permanent)	335	Average hours per case:	7 hours
		Total number of hours:	6,318 hours
		Caseload:	18 cases

Longer-term Outcomes (at six or more months)

Continuing to live in permanent housing	310
Receiving rental subsidy	310
Obtained employment	7
Maintained employment	24
Enrolled in educational program, school	34
Received high school diploma/equivalent	2
Case management	
Health care	310
Good or improved physical health	132
Mental health care	128
Good or improved mental health	229
Recuperative care	200
Substance abuse treatment (outpatient)	2
Substance abuse treatment (residential)	2
No drug use	3
Reunited with family	4

Successes: A Community of Friends (ACOF) is pleased to report that the HPI funding has led to the continued successful collaboration with the Housing Works Mobile Integrated Service Team (MIST team). Collaboration with the MIST team continues to provide for case management services, allow for additional supportive services through Resident Management support systems, and provide for needed property maintenance. The ACOF case management staff, with the assistance of the MIST team, has helped 271 (83% of total enrolled) formerly homeless individuals and families maintain housing stability for 12 months or more. The MIST team and case management staff have met regularly to ensure a continued overlay of needed services for “at risk” tenants, played an integral role in preventing evictions for those residents in jeopardy of losing housing, and case management staff has been able to ensure that the majority of residents remain permanently housed in a safe and healthy environment.

Challenges: The greatest challenge continues to be the reporting tool itself. While it may be effective to use one tool to collect data across programs, this sometimes makes it difficult to capture data not specifically stated in the reporting tool. For example, spouses and adults often enter or leave mid quarter, affecting the demographic counts for gender, race, and age. Also, adults in families are often not counted as having received a service, as they are not the “head of household.” Yet, spouses and adult members of the household are often indirect beneficiaries of the services provided. Additionally, combining data from different collaborators and properties presents a reporting challenge. Challenges the tenants face include: struggling with substance abuse, correctly budgeting funds each month, managing medication, and improving life skills to a level which increases self sufficiency.

Action Plan: ACOF has worked with HPI staff to clarify the reporting process and make minor adjustments that will ensure the correct capture of data. With the beginning of the new contract year, ACOF will be reporting based on supporting documentation. New systems have been put in place to ensure that all reporting is accurate. Case management staff will continue to work with the MIST team to focus on those individuals most at risk of losing their housing. In addition, case management staff will work with Resident Managers on “best practices” to increase support when case management staff is unavailable on nights and weekends.

Client Success Story: Tenant C was referred to the MIST team one year ago. She is a woman in her mid-50s struggling with both physical and mental health challenges. She was at risk of losing the apartment she had lived in for the past two years due to failure to pass housing inspections on numerous occasions.

Throughout her adult life, Tenant C has been unable to sustain her housing because of two complex sets of behaviors – hoarding and rescuing stray animals. Despite the potential serious consequences (eviction), she was unable to modify her behavior. Her apartment was filled with clothing, papers, animal carriers and food dishes. At its worst, the apartment would smell of animal waste and rotting food. Tenant C would become completely overwhelmed trying to sort and organize “too much stuff” only to find she had

the entire apartment piled high with layers of disorganization and no space for her or her rescue animals to move, sit, or lie down. MIST worked with property management and on-site support staff to develop a plan that could meet Tenant C's needs and responsibilities to the lease. The work so far has involved building a foundation of trust with Tenant C so that she would have confidence that: 1) the MIST and ACOF staff were invested in her success; 2) the team understood the depth and complexity of her behavior; and 3) the establishment of structures and limitations to help change her behavior. MIST and ACOF support staff worked with her to clean and organize her apartment, learning new skills, and experience a new appreciation for having space and being able to find things. Tenant C participates in weekly "clutter anonymous" groups, individual therapy, yoga classes, and mental health treatment.

The greatest challenge was getting Tenant C to be completely honest about sheltering additional dogs or cats. Until two months ago, she continued doing this, counteracting efforts to keep the unit clean and in compliance with the lease. With this last rescue, a detailed agreement was prepared and signed by Tenant C, Property Manager, and service staff. It required Tenant C to continue the efforts she was making, cease taking in animals, and allow property management to inspect her apartment at least twice/month. Up to this time, property management had not been consistently inspecting the unit, giving Tenant C a lot of room to 'fail.'

Collective successes so far: Tenant C has retained her housing. She has one authorized dog and for two months (a long stretch) has not taken in strays. She has passed most inspections without a warning or return inspection. She has new insights into her behavior and is taking much greater responsibility for it, including reducing the amount of things she stores, hiring help to assist her in cleaning her apartment, complying with mental health treatment, and publicly speaking about her hoarding so that others will learn from her experience.

	QTR
Number of organizations that your program has a formal collaboration for this project	5
Number of times collaborative partners met each month	4
Total amount (\$) of HPI funding leveraged for project	\$1,000,000
Percent of HPI funding leveraged for project	50%

	QTR
Number of participants who have enrolled into program during the reporting period	28
Number of participants who left the program during this period	19
Total number currently enrolled in program	96
Number of clients who received an assessment (if applicable)	28
Cost per participant	\$2,645
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	-
Program Specific Question:	
Number of participants who received benefits (as a result of the program)	327

27b) Ocean Park Community Center (OPCC) HEARTH

Budget: \$1,200,000 (City and Community Program)

Table D.2: OPCC HEARTH			
FY 2009-10, through September 30, 2009			
(unduplicated count)	Cumulative		Cumulative
Homeless Individuals	402	Education	-
Chronic Homeless	240	Job training, referrals	2
Transition Age Youth	33	Job placement	-
Female	218	Food Stamps	1
Male	457	Shelter Plus Care	4
		Section 8	6
		SSI/SSDI	1
		Medi-Cal/Medicare	1
Hispanic	66	Case management	119
African American	189	Life skills	20
White	375	Mental health	7
Asian/Pacific Islander	12	Health care	675
Native American	5	Social/community activity	34
Other	29	Recuperative care	87
		Substance abuse (outpatient)	9
15 and below	11	Transportation	54
16-24	46	California identification	3
25-49	350	Veterans	1
50+	268	Legal	2
		Locker	7
Moving assistance	10		
Housing (emergency)	30		
Housing (permanent)	23	Case management (level III)	
Housing (transitional)	17	Average hours per case:	135
<i>(Average 25 days in temporary housing)</i>		Total number of hours:	406
		Caseload:	26
Longer-term Outcomes (at six or more months)			
Continuing to live in permanent housing			5
Receiving rental subsidy			2
Obtained employment			2
Maintained employment			1
Case management			12
Health care			5
Good or improved physical health			5

Successes:

- OPCC Project HEARTH provided 213 homeless individuals with primary health care from a Venice Family Clinic physician co-located at OPCC Access Center.
- Nineteen clients receiving health care became engaged in case management services with 15 (79%) achieving temporary or permanent housing as follows:
 - Seven individuals (47%) obtained emergency housing;
 - Four individuals (27%) obtained transitional housing; and
 - Four individuals (27%) obtained permanent housing.
 - Twenty-six individuals received respite care at OPCC Samoshel who were referred from Venice Family Clinic and two local hospitals (St. Johns and SM/UCLA Medical Center), and 27% obtained temporary or permanent housing following a three-week respite stay.
- Increased coordination of discharge of homeless patients from local hospitals to OPCC.

Challenges:

- Lack of low-income housing options for medically vulnerable individuals who do not always qualify for federal housing.
- Lack of the necessary income to expand affordable housing options.
- Few housing and income resources exist for undocumented clients.

	FY
Number of organizations that your program has a formal collaboration for this project	4
Number of times collaborative partners met each month	2
Total amount (\$) of HPI funding leveraged for project	\$186,547
Percent of HPI funding leveraged for project	106%
Number of participants who have enrolled into program during the reporting period	2
Number of participants who left the program during this period	-
Total number currently enrolled in program	25
Number of clients who received an assessment (if applicable)	1
Cost per participant	\$1,772
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	n/a
Program Specific Question:	
Number of participants who received benefits (as a result of the program)	3

Action Plan:

- Continue to improve the process of discharging homeless patients from the local hospitals into the respite program (through scheduled Project HEARTH orientations to hospital personnel).
- Continue to refer permanently housed clients to In-Home Support Services.
- Utilize interns to assist in home visitation support.
- Prepare for HACLA vouchers by enlisting new landlords in the Los Angeles area.

Client Success Story: Client T is a 50-year-old former professional dancer, who was diagnosed in 1999 with HIV/AIDS. The client came to OPCC Access Center in 2001 seeking services after his loss of support of family and friends. He gave up his housing in 2007 to become his sister's full-time caregiver after she developed cancer. In 2008, he returned to the streets of Santa Monica where his health took a significant turn for the worst. He had been hospitalized and entered the OPCC/VFC respite bed program. He continued case management services with OPCC Access Center where he met consistently with the OPCC Project HEARTH team. Advocating on his behalf, the housing coordinator was successful in obtaining a Shelter Plus Care housing voucher for him. The client received his housing voucher in June, and with intensive assistance from the OPCC Project HEARTH housing coordinator, he obtained permanent housing in July. Client T has not had any hospitalizations; he receives primary care from his Venice Family Clinic physician co-located at OPCC Access Center, and he participates in a medication management program to address his illness. Client T is living in his own apartment, and he is grateful for his stability and daily delivery of special meals arranged through his case manager.

27c) Catalyst Foundation for AIDS Awareness and Care - Supportive Services Antelope Valley

Budget: \$1,800,000 (City and Community Program)

Table D.3: Catalyst Foundation
FY 2009-10, through September 30, 2009

Cumulative		Cumulative	
At-risk Individuals	1,111	Education	383
At-risk Families	149	Job training	1
		Job placement	1
Female	662		
Male	783	General Relief	51
Transgender	4	General Relief and Food Stamps	4
		Food Stamps	1
Hispanic	456	Medi-Cal/Medicare	4
African American	455	Section 8	2
White	414	Case management	94
Asian/Pacific Islander	14	Health care	854
Native American	10	Life skills	394
Other	82	Mental health care	88
		Transportation	125
15 and under	19	Food	232
16-24	594	Pet food/vet care	117
25-49	400	Social/community activity	32
50+	171	Substance abuse treatment (residential)	1
Moving assistance	3		
Eviction prevention	10		
Rental subsidy	24		
Housing (emergency); avg. stay 120 days	1		
Housing (permanent)	2		
Longer-term outcomes (Six or more months)			
Continuing to live in housing			394
Continuing to receive rental subsidy			6
Obtained employment			1
Case management			66
Health care			232
Mental health care			33
Substance abuse treatment (residential)			1
No drug use			8
Level 1 case management services		Quarter	
Average for each participant per month			2 hours
Total hours for all participants			132 hours
Number of cases per case manager			66 cases
Number of organizations/agencies that your program has a formal collaboration for this project			33
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			\$696,919
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			46%
Number of participants who have enrolled (entered) into program during the reporting period			394
Number of participants who left the program during this period			-
Total number currently enrolled in program			394
Number of clients who received an assessment (if applicable)			66
Cost per participant			\$863
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			n/a

FY 2008-09 may include duplicated counts. For FY 2009-10 to date, a total of 295 individuals and 99 families were served; complete demographic information was provided for head-of-household.

Successes: The Catalyst Foundation continues to provide a continuum of services under one roof. Services are designed to meet each participant's unique, basic, and practical needs; while addressing the root cause of childhood abuse and trauma. When providing services to participants, staff helps them

identify high-risk behaviors and choices they are making that are putting them in difficult situations. At point of entry, participants complete an ACE (Adverse Childhood Experience) questionnaire that provides information about the impact of childhood abuse and trauma on their lives. Outreach efforts have been extremely successful in targeting those who are homeless, at risk of homelessness, and the medically uninsured. In addition, the Outreach Department has been instrumental in promoting services and bringing in potential participants to obtain services. Such services include: primary medical care, mental health services, and case management to secure permanent housing, rental assistance, move-in, and utility assistance. In addition, supportive social services ensure that participants maintain the stability of permanent housing. The Supportive Services Department continues to provide food, transportation, legal assistance, support groups, veterinary care and pet food. In addition, personal inner-growth classes such as: Yoga, Meditation, Martial Arts, Art, and *Creating a Healing Society* classes allow participants to help address unresolved trauma issues and incorporate healing modalities. The program has experienced a tremendous growth in the number of people wanting to access food, case management, and housing. Rental assistance and eviction prevention programs are very well solicited. During this quarter, the program assisted 36 participants to obtain housing assistance and eviction prevention. Food services were provided to over 150 participants year to date.

Challenges: Due to the tremendous number of people wanting to access the programs, particularly in the Supportive Services Department and primary medical care, it has been challenging to meet the needs of everyone applying for services. For example, the program currently serves over 150 clients that are eligible and registered for the food program. Due to limited space and staffing, clients have been placed on a waiting list to receive food and case management services. The client to staff ratio has tremendously increased due to high levels of unemployment in Service Planning Area (SPA) 1. The Catalyst Foundation is experiencing an influx of applicants that have been impacted by the foreclosure rates in the Antelope Valley. Presently, there is no other program that serves people devastated by the current housing crisis. These clients mention being victims of owners that are collecting rent even though they know they are in the foreclosure process. Clients are struggling to find safe, affordable housing. Moreover, residents who do find housing do not have the money for the security deposit and the first month's rent. While providing referrals and resources, the program continues to accept applications and explains to clients that the need for services has increased tremendously.

Action Plan: The Director of Supportive Services will continue to train and support staff to continue providing the assistance clients are requesting. The waiting list for the food program will be reviewed weekly, and clients that are on that waiting list will be contacted as slots become available. Two volunteers have joined the team to assist with the distribution of the groceries. The Director of Supportive Services will continue to meet with the Data Management team to come up with effective ways of collecting and reporting. In addition, The Director of Supportive Services will continue to work with County HPI staff to obtain technical assistance on data management issues. The program will consider adding an additional Case Manager to assist with opening cases and providing more clients with Case Management programs. In addition, housing assistance and eviction prevention services will be provided to those who meet the eligibility criteria. Moreover, clients who meet the criteria for the HPRP program will be referred to the Access Solution Center to obtain assistance.

Client Success Story: During the this quarter, the program worked with a 62-year-old African American male who had been homeless since January 2009. He requested case management and housing assistance. The case manager was able to refer and assist him with obtaining senior housing. He stated that if he had been homeless with no hope, he would have reverted to using drugs and his old way of coping with life. The participant was very appreciative and felt the program saved his life. He mentioned no other organization helped him when he was "down and out."

27d) Homes for Life Foundation – Vanowen Apartments

Budget: \$738,310 (City and Community Program)

Table D.4: Homes for Life Foundation – Vanowen Apartments
FY 2008-09, January - September 2009

(unduplicated clients)	Cumulative		Cumulative
Homeless Individuals	36	Housing (permanent)	48
Chronic Homeless Individuals	6	Rental subsidy	24
At-risk Individuals	30		
		Case management	48
Female	30	Life skills	48
Male	42	Mental health care	48
		Transportation	48
Hispanic	5	Food Stamps	46
African American	17	Medi-Cal/Medicare	46
White	39	SSI/SSDI	46
Asian/Pacific Islander	6	Social/community event	48
Other	4	Substance abuse treatment (outpatient)	8
		Substance abuse treatment (residential)	5
16-24	1		
25-49	39		
50+	32		
Longer-term Outcomes (at six months)			
Continuing to live in housing			24
Receiving rental subsidy			24
Case management			24
Health care			24
Good or improved physical health			24
Mental health			24
Good or improved mental health			24
Case management (level 2)			
Average for each participant per month			3 hours
Total hours for all participants			72 hours
Number of cases per case manager			12 cases
Number of organizations/agencies that your program has a formal collaboration for this project			1
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			-
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			-
Number of participants who have enrolled (entered) into program during the reporting period			24
Number of participants who left the program during this period			-
Total number currently enrolled in program			24
Number of clients who received an assessment (if applicable)			24
Cost per participant			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			-

Successes: All clients have successfully maintained their housing since move-in.**Challenges:** Staff has continued to manage clients' transition to independent living. Overall, the transition has been very smooth and when clients have had some difficulty, staff have worked closely with the clients and their support networks to manage their mental health and well-being.**Action Plan:** Staff will continue to work closely with clients to manage their mental health.**Client Success Story:** Several years ago, one client was a regional manager at Supercuts, saving money and doing extremely well. She has always experienced symptoms of her illness, but was unaware of her illness, until her illness (and drugs) resulted in her spending her savings, losing her job, and becoming homeless for several years. During this time, she was in and out of hospitals. During her last hospital stay she was able to find a therapist and psychiatrist in which she was able to confide in and trust, which resulted in her being able to control her illness for good. With the help of that agency and the therapist,

she was able to find a home at Homes for Life. Since her stay, she is able to build her savings again, peruse her hobby of playing the guitar, and maintain her health and overall sense of self. She is grateful to Homes for Life for giving her the opportunity and support she needs to maintain her independence.

27e) Hope Gardens Family Center – Union Rescue Mission (URM)

Budget: \$1,853,510 for services and \$646,489 for capital (City and Community Program)

Table D.5: Hope Gardens			
FY 2008-09, January - September 2009			
(unduplicated count)	Cumulative		Cumulative
Homeless Families	51	CalWORKs	144
(individuals)	157	Food Stamps	144
		Medi-Cal/Medicare	144
Female	103	Section 8	5
Male	54	SSI/SSDI	6
		Veterans	3
Hispanic	37		
African American	77	Case management	84
White	25	Life skills	59
Asian/Pacific Islander	4	Mental health	75
Other	14	Health care	45
		Social/community activity	82
15 and below	90	Substance abuse treatment (outpatient)	33
16-24	16	Transportation	84
25-49	41		
50+	6	Case management (level II)	
		Average hours per case:	10
Moving assistance	17	Total number of hours:	390
Housing (emergency)	8	Caseload:	11
Housing (transitional), <i>average 358 days</i>	138		
Housing (permanent)	16	Education	90
		Job training, referrals	22
		Job placement	8
Longer-term outcomes (6 months)			
Continuing to live in housing			9
Receiving rental subsidy			4
Case management			32
Health care			32
Good or improved health			25
Substance abuse treatment (outpatient)			5
No drug use			27
Reunited with family			6

Successes: During the first quarter of FY 2009-10, the program transitioned six families (17 individuals) of which five families (12 individuals) moved into permanent housing. During the course of this contract term, Hope Gardens has transitioned six of 39 families receiving services at the transitional living facility.

The families transitioned into the following areas:

- Twelve individuals (five families) were housed in Fair Market Housing
- Five individuals (one family) were transitioned to a more appropriate transitional housing setting.

Challenges: Hope Gardens Family Center continues to learn, evaluate and modify program services to meet the demanding needs of its diverse population. Many families face additional challenges in the area of housing affordability. Many families continue to depend on housing vouchers from numerous programs, however, these resources have been unable to provide these resources leaving the families frustrated. Families are burdened with the enormous task of securing living wage employment with minimal job skills; and many have been unsuccessful in finding affordable/subsidized housing to meet their individual family needs. Hope Gardens has increased capacity through the Employment/Vocational Development Department Team, to assist families in securing employment or increasing their skill/educational levels in this demanding employment market. Hope Gardens and staff are meeting those challenges with each family as they continue to work with participants to identify barriers and get

beyond the history and challenges that have kept them from achieving (and exceeding) their goals. During the course of the program, outcomes will be tracked during the contract term FY 2009-10.

Number of organizations/agencies that your program has a formal collaboration for this project	2
Number of times collaborative partners met each month	4
Total amount (\$) of HPI funding leveraged for project	\$249,600
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	41%
Number of participants who have enrolled (entered) into program during the reporting period	10
Number of participants who left the program during this period	7
Total number currently enrolled in program	97
Number of clients who received an assessment (if applicable)	19
Cost per participant	-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	-

Action Plan: Hope Gardens will continue to work through challenges that are presented either in program design and/or with families. The program vows to consistently evaluate services, staff and program to ensure excellent care is provided to families served at Hope Gardens. This includes establishing realistic and specific timelines and individualized service plans with each family without trying to fit them into a "one size fits all" mold that is unachievable for many families served. It is a goal to increase the number of families being served until maximum capacity is reached. Increased capacity is expected once renovations are completed on additional buildings.

Client Success Story: "I am a single mom of eight children, of which five are minor children still in my care. I have four daughters ranging from ages 14 to one year and one son [of 10 years of age]. I have lived in Los Angeles all my life. We were living in a two-bedroom apartment on my own, but chose to help a friend financially which led to our homelessness. I was assisted with temporary shelter through the Los Angeles Homeless Services Authority with a 120-day voucher in a motel. I was then referred to Hope Gardens where I was accepted into the program in July 2009.

Many families are faced with a systemic challenge of limited housing of male children over the age of 10. My only son is a twin, and he is 10-years-old. The trauma of homelessness has had a tremendous effect on my children. My oldest daughter began to display tremendous anger management problems, which resulted in temporary placement for additional care. My 10-year-old twins are faced with additional educational challenges, which place them at a first grade reading level, but they are currently in special education at the fifth grade level.

In my search for assistance, Union Rescue Mission has offered my family more than transitional housing, they have embraced every aspect of our lives. They made accurate assessments of our family dynamic that others in our lives have skimmed over. The Youth Staff took a personal interest in my children's education and made referrals and sought alternative assistance for the twins to bring them up to grade level.

Through these difficult times, I was diagnosed with a potentially terminal illness and the staff has walked with me every step of the way. They have taken me to my doctors' appointments to ensure that I truly understood my diagnosis and the medical terminology that is being utilized. I have also been challenged educationally which has lead to difficulties as well. I have a loving case manager who continues to support me in everyway. We are still walking through this difficulty journey but with the intensive supportive services and the staff, we believe that we will be able to complete this journey.

27f) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
Budget: \$900,000 (City and Community Program)
Table D.6: Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
 FY 2008-09, January - September 2009

(unduplicated count)	Cumulative	Cumulative
Homeless Individuals	32	Shelter Plus Care 5
Chronic Homeless Individuals	58	Veteran's benefits 1
		General Relief and Food Stamps 5
Female	42	Medi-Cal/Medicare 3
Male	48	SSI/SSDI 6
		CalWORKs 1
Hispanic	18	Case management 58
African American	49	Mental health 58
White	49	Health care 17
Asian/Pacific Islander	1	Social/community activity 29
Native American	2	Substance abuse treatment (residential) 2
<i>More than one race/ethnicity may be selected</i>		Substance abuse treatment (outpatient) 2
16-24	14	Transportation 52
25-49	54	Life skills 2
50+	22	
		Case management (level 2)
Moving assistance	9	Average hours per case: 80
Eviction prevention	3	Total number of hours: 80
Housing (emergency)	1	Caseload: 30
Housing (transitional)	14	Average stay in emergency housing: 6 months
Housing (permanent)	16	Number to permanent housing: 11 participants
Education	3	
Job training	27	
Program Specific Measures		QTR
Number of TAY who have obtained a technical school or college degree while in program		-
Number of participants who have a primary care physician		-
Number of participants who have a dentist		-
Number of participants with good or improved recovery status (substance abuse)		1
Longer-term Outcomes (at six months)		
Continuing to live in housing		14
Case management		44
Good or improved physical health		3
Good or improved mental health		24
Substance abuse treatment (outpatient)		1
No drug use		1
Reunited with family		2
		QTR
Number of organizations/agencies that your program has a formal collaboration for this project		-
Number of times collaborative partners met each month		-
Total amount (\$) of HPI funding leveraged for project		\$78,658
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)		80%
Number of participants who have enrolled (entered) into program during the reporting period		-
Number of participants who left the program during this period		-
Total number currently enrolled in program		90
Number of clients who received an assessment (if applicable)		-
Cost per participant		\$698

Successes: This quarter, the program assisted 11 members into permanent housing and five received Shelter Plus Care certificates.

Challenges: It has been challenging to have members follow through with continuous care and case management.

Action Plan: The program continues to research and locate more affordable housing as well as build more community relationships. Staff will connect with members in the community.

Client Success Story: A member obtained competitive employment this quarter.

27g) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Long Beach

Budget: \$1,340,047 (City and Community Program)

Table D.7: Self Sufficiency Project for Homeless Adults and TAY Long Beach			
FY 2008-09, April – September 2009			
(unduplicated count)	Cumulative		Cumulative
Homeless Individuals	42	Case management	45
Chronic Homeless Individuals	23	Job placement	17
Transition Age Youth	3	Benefits assistance/advocacy	3
		Bus tickets	*241
Female	10		<i>*number of tickets</i>
Male	58	Transportation	31
		Housing (emergency)	7
Hispanic	11	Average stay in emergency housing (day)	3
African American	20	Housing (permanent)	8
White	31	Rental subsidy	2
Native American	1		
Other	4	Job training	8
<i>Demographics do not match total population.</i>		Mental health	13
16-24	4	Health care	2
25-49	32	General Relief and Food Stamps	1
50+	32	Medi-Cal/Medicare	2
		SSI/SSDI	2
Case management (level 3)			
Average hours per case:	14		
Total number of hours:	428		
Caseload:	10		
Program Specific Measures			Quarter
Number of TAY who have obtained a technical school or college degree while in program			-
Number of participants who have a primary care physician			9
Number of participants who have a dentist			11
Number of participants with good or improved recovery status (substance abuse)			1
Longer-term Outcomes (at six months)			
Continuing to live in housing			6
Obtained employment			19
Maintained employment			14
Enrolled in education program, school			1
Case management			60
Health care			3
Good or improved physical health			1
Mental health			21
Good or improved mental health			17
Substance abuse treatment (outpatient)			1
Reunited with family			7
			Quarter
Number of organizations/agencies that your program has a formal collaboration for this project			1
Number of times collaborative partners met each month			-
Total amount (\$) of HPI funding leveraged for project			\$90,540
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			69%
Number of participants who have enrolled (entered) into program during the reporting period			31
Number of participants who left the program during this period			2
Total number currently enrolled in program			56
Number of clients who received an assessment (if applicable)			13
Cost per participant			\$1,128

Successes: Staff working on the Self-Sufficiency Project have been able to adeptly familiarize themselves with grant obligations. The Benefits Coordinator has been attending trainings to become better informed and to increase the ability to navigate the Social Security, Department of Public Social Services, and other benefit systems. The Housing Coordinator has been successful at building relationships with

apartment owner/managers in the local area in order to facilitate project members with moving into their own apartments. The SSP Day Labor Specialist has been successful at building relationships with local businesses in order to increase employment opportunities for project participants.

Challenges: The continued decrease in SSI benefit enrollment and the lack of affordable, low income apartments in the local community make finding housing a particular challenge for the participants and staff of the SSP Program.

Action Plan: This program will continue to explore low income housing resources in the community. The Benefits Coordinator will continue to attend trainings targeted to increase knowledge of the benefit systems. Staff of this program will work on increasing the numbers of members served as they become more familiar with their individual roles and coordinate more effectively with Homeless Assistance Program (HAP) case management staff.

Client Success Story: V is a 51-year-old chronically homeless woman, who prior to coming to the drop in center, was living in parks and on the streets in the local downtown area. Her initial income was only General Relief with Food Stamps. She was also struggling with mental health symptoms of Posttraumatic Stress Disorder (PTSD), anxiety disorder, and isolative tendencies. After engaging and building a relationship with V, she was enrolled into the Self-Sufficiency Project. Initially, she began working with the Benefits Coordinator of the Project, who assisted her with her SSI benefits application. Next, she was connected with the Housing Coordinator, who assisted project members by providing supportive contact and resources to locate an apartment. V was also linked to the Psychiatric Nurse Practitioner for treatment and therapy. V began working part-time at the Village Homeless Assistance Program as a Support Assistant. She was approved and received her Supplemental Security Income (SSI), and may be receiving additional survivor benefit income in December 2009. She moved into her own apartment in July 2009. At present, V has been able to successfully maintain her housing and manage her income, and with continued supportive case management is living independently in the community.

27h) Skid Row Housing Trust – Skid Row Collaborative (SRC2)**Budget:** \$1,800,000 (City and Community Program)

Table D.8: Skid Row Housing Trust			
FY 2008-09, January – September 2009			
(unduplicated count)	Cumulative		Cumulative
Chronic Homeless Individuals	110	Case management	104
Female	32	Mental health	65
Male	78	Health care	64
		Life skills	35
Hispanic	7	Social/community activity	139
African American	90	Substance abuse treatment (outpatient)	76
Asian/Pacific Islander	18	Substance abuse treatment (residential)	2
White	1	Transportation	18
Other	1	Benefits advocacy	31
<i>More than one race/ethnicity may be selected</i>		General Relief and Food Stamps	5
		Medi-Cal/Medicare	10
16-24	2	SSI/SSDI	10
25-49	55	Legal	3
50+	53		
Rental subsidy	110	Case management (level 3)	
Housing (permanent)	110	Average hours per case:	9
Shelter Plus Care	110	Total number of hours:	844
Education	2	Caseload:	25
Job training	31		
Job placement	4		
Longer-term Outcomes			
Continuing to live in housing			85
Receiving rental subsidy			85
Obtained employment			4
Maintained employment			9
Case management			84
Health care			52
Good or improved physical health			44
Mental health			52
Good or improved mental health			37
Substance abuse treatment (outpatient)			55
Substance abuse treatment (residential)			2
No drug use			36
Reunited with family			49
			QTR
Number of organizations/agencies that your program has a formal collaboration for this project			3
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			\$498,747
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			66%
Number of participants who have enrolled (entered) into program during the reporting period			-
Number of participants who left the program during this period			2
Total number currently enrolled in program			38
Number of clients who received an assessment (if applicable)			-
Cost per participant			\$2,137
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			n/a

Successes: The program is fully staffed. Residents are stabilizing in housing and actively participating in the program. The integrated services staff continue to develop and refine the program.

Challenges: No significant challenge was reported this quarter.

Action Plan: N/A

Client Success Stories: Client R suffered from several serious medical conditions. When he entered housing, he was able to live independently with support--his health care was in place and he had an In-Home Supportive Services (IHSS) worker. The client with the staff, developed a plan to coordinate his existing services and provide additional support to maximize his independence and enhance his quality of life. Shortly after entering housing, however, his condition worsened. He was hospitalized but was able to return home within a few days. Although he would have benefited from being in a skilled nursing facility, no beds were available and he did not want to leave his new home. Staff arranged for additional IHSS hours and engaged hospice services. His neighbors quickly mobilized. They began to check on him routinely, often preparing meals, doing his laundry, or listening to music with him. Forty-two days after moving into his new home, the client died. While a neighbor for a very short time, the residents' memorial service for the client made it clear that he had truly become a member of their community.

27i) Southern California Alcohol and Drug Programs (SCADP), Inc. - Homeless Co-Occurring Disorders Program

Budget: \$1,679,472 (City and Community Program)

**Table D.9: SCADP
FY 2009-10**

(unduplicated clients)		Cumulative		Cumulative
Homeless Individuals	83		Housing (transitional)	3
Homeless Families	5			
(individuals)	12		Mental health care	100
Transition Age Youth	10		Substance abuse treatment (residential)	75
At-risk Individuals	29		General Relief	4
Chronic Homeless Individuals	4		<u>At six months:</u>	
Female	20		Continuing to receive mental health care	10
Male	89		Good or improved mental health	9
Hispanic	46			
African American	23		Average length of stay for residents (days)	88
White	36		Residents discharged due to graduation	1
Native American	1		Discharge status for residents of transfer	2
Asian/Pacific Islander	1		Discharge status for residents of walk-out	1
15 and under	9		Discharge status for residents, violated rules	6
16-24	12			
25-49	76			
50+	16			
Number of participants who have enrolled (entered) into program during the reporting period				7
Number of participants who left the program during this period				10
Total number currently enrolled in program				23
Number of clients who received an assessment (if applicable)				7
Cost per participant				\$1,050

Successes: Of the clients who have received program services for at least six months, nine of 10 are doing well. Three are in school, and all passed their coursework. One client works full-time at McDonald's and has now taken their management training course. She helped two new service recipients obtain work at the same franchise. One moved into permanent supported housing with her two children. Three are approaching graduation and will transfer to outpatient programs. Staff will be able to continue to follow them.

Challenges: Instructing the therapists who are coming on board next quarter about the grant's requirements has been a challenge. The other challenge affected the project director. She needed to work full-time on a federal grant that was sun-setting, so she is looking forward to being able to build the number of people being served over the upcoming year. The number of people served was below expectations this year.

Action Plan: Three residential sites will begin receiving CDC funded psychiatric / mental health services over the upcoming quarter. This will bring numbers served into line with this funding.

Client Success Story: One mother who has a major depressive disorder, asserted herself and applied for the agency's Shelter Plus Care program. She did all the footwork required while raising her two children and living on an exceedingly tight budget. When she entered one of their domestic violence shelters, she encountered program staff. She was shut down, unable to nurture her children, and had no energy to maintain a daily regime and hygiene. She was transferred to the agency's transitional shelter, where psychiatric/mental health services were provided. Over the course of the next ten months, the structure of the onsite program, therapy, psychiatry (plus parenting, substance abuse education, relapse prevention, anger management, stress management, and remedial education services), she improved at a slow but steady rate. Once settled in her housing, her goal was to volunteer at the children's school and look for part-time work.

27j) Special Service for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program

Budget: \$1,800,000 (City and Community Program)

Table D.10: SSG
FY 2009-10

(unduplicated clients)	Quarter	Quarter	
Homeless Individuals	27	Eviction prevention	11
Homeless Families	46	Housing (emergency)	37
(individuals)	150		
Transition Age Youth	1	Housing (transitional), <i>average stay 34 days</i>	25
At-risk Families	10	Housing (permanent)	25
(individuals)	23	Rental subsidy	10
Female	119	Education	1
Male	82	Job training/resources	6
		Job placement	2
Hispanic	7	Case management	84
African American	179	Life skills	58
White	13	Mental health care	2
Other	2	Transportation	15
		Other	41
15 and under	93	Case management (level 3)	
16-24	21	Average hours per participant per month	2
25-49	68	Total hours for reporting period	416
50+	19	Number of cases per case manager	21
Number of organizations/agencies that your program has a formal collaboration for this project			6
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			\$2,635,657
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			68%
Number of participants who have enrolled (entered) into program during the reporting period			84
Number of participants who left the program during this period			32
Total number currently enrolled in program			52
Number of clients who received an assessment (if applicable)			84
Cost per participant			\$1,639
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			20
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			-

Successes: The quarter of July-September 2009 marked the successful implementation of the Housing and Homeless Prevention Fund (HHPF) contract. Service delivery began July 1st when staff was hired. By July 16th all four case management positions were filled. All of SSG's subcontract agreements have been signed and monthly collaborative meetings have taken place. SSG is pleased to announce that 25 HPI participants have been stabilized in permanent housing within the first three months of the program's start-up.

Challenges: The most notable challenge that has presented itself this quarter was having more clients in need of temporary housing (emergency/transitional) than available slots with partner agencies. In addition, there is a lack of emergency and transitional housing that accepts intact families. Most available temporary housing slots will only service single women with children or single males, but not both parents with children. Furthermore, most transitional houses will not house teenage boys if women are present in the home. This is a major barrier given that two-thirds of program participants are families. Although case managers do everything possible to keep families together, there have been circumstances where fathers had to be temporarily housed away from their partner and children.

Action Plan: Monthly collaborative meetings will continue to take place to coordinate client's services, strengthen community/partner relationships, build service capacity amongst members, and address program barriers. SSG will develop strategies to address the overall lack of paid emergency and housing slots, in addition to the lack of available, intact family slots. Case management staff will also work to establish relationships with other housing service providers in Service Planning Area (SPA) 6 to temporarily house individuals and families.

Client Success Story: Two homeless men were referred to SSG from its collaborative partner People Helping People Emergency Shelter. Through their experience at the emergency shelter and with SSG the two clients befriended each other. Having limited income, the two agreed to combine their earnings and become roommates. Very early, SSG staff recognized their bond and individual strengths. With input from the clients, a plan toward permanency was developed and coordinated with SSG's collaborative partners. The clients were initially vouchered at a hotel through People Helping People then stabilized at Community Minded Business' transitional home. After attending financial literacy classes, maintaining a savings account, and receiving move-in assistance from SSG, the clients were able to move into an apartment within 45 days of program enrollment. The two men have built a strong camaraderie that helped them successfully transition out of homelessness. While in the program, they both have secured a permanent source of income through employment and benefits assistance and are able to properly manage their finances. In addition, one of the gentlemen has enrolled in a trade school for the Spring 2010 semester and is working on restoring relationship with his three sons. They both express a great deal of gratitude for SSG and its partners.

27k) Volunteers of America - Los Angeles, Strengthening Families**Budget:** \$1,000,000 (City and Community Program)**Table D.11: VOALA
FY 2009-10**

FY 2009-10		FY 2009-10	
(unduplicated clients)	Cumulative		Cumulative
Homeless Families	60	Alternative court	5
(individuals)	271	Case management	168
At-risk Families	69	Life skills	103
(individuals)	301	Mental health	43
		Health care	35
Female	300	Social/community activity	62
Male	273	Substance abuse treatment (outpt.)	2
		Transportation	92
Hispanic	571	Food	32
Other	2	Medi-Cal/Medicare	90
		CalWORKs	30
15 and below	294	General Relief w/Food Stamps	17
16-24	85	General Relief only	2
25-49	180	Shelter Plus Care	1
50+	13	SSI/SSDI	9
		Food Stamps only	49
Eviction prevention	47	Section 8	44
Moving assistance	42	Legal	9
Housing (emergency)	14	Clothing	27
Housing (transitional)	6		
Housing (permanent)	9	Education	46
Rental subsidy	6	Job training, referrals	93
		Job placement	23
Average stay at emergency housing:		21 days	
Number placed into transitional housing:		14 families	
Case management (level 2)			
Average case management hours for each participant per month:		6 hours	
Total case management hours for all participants during current reporting period:		270 hours	
Number of cases per case manager:		20 cases	
Longer-term Outcomes (at six months)			
Maintained permanent housing (through eviction prevention, linkages to jobs)		75	
Receiving rental subsidy		5	
Obtained employment		5	
Maintained employment		13	
Enrolled in educational program, school		9	
Received High School Diploma/GED		1	
Case management		81	
Health care		59	
Good or improved physical health		31	
Mental health care		32	
Good or improved mental health		32	
Substance abuse treatment (outpatient)		1	
No drug use		1	
Reunited with family		2	

Successes: During this reporting period, case managers assisted families in finding and obtaining affordable, temporary, transitional, and emergency housing. They prevented many families from becoming homeless by assisting with finding employment. The case managers took program participants to various job fairs, employment agencies and community resource fairs, and provided them with job leads and referrals. Clients received rental deposit assistance. Strengthening Families collaborates with the Center for Law and Justice in order to provide families a series of workshops on foreclosure prevention and tenant rights. The case managers received training on the Transportation Rider Relief Program and now are providing families with transportation discount coupons. Case managers also received training on how to assist their clients with filling out an online application for social security benefits. Through the Strengthening Families program, two computers and a printer were purchased for the clients, so that they could come and work on their resumes or find employment. Strengthening

Families has set up a grief support group and parent support groups to assist the families that are dealing with the death of a loved one or are having problems with their children.

	Quarter
Number of organizations/agencies that your program has a formal collaboration for this project	5
Number of times collaborative partners met each month	4
Total amount(\$) of HPI funding leveraged for project	\$1,000,000
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	50%
Number of participants who have enrolled (entered) into program during the reporting period	14
Number of participants who left the program during this period	8
Total number currently enrolled in program	96
Number of clients who received an assessment (if applicable)	14
Cost per participant	-

Challenges: Some of the challenges that the case managers have encountered during this reporting period have been maintaining communication with their families, especially during the summer when their children are off from school. The lack of affordable housing for low income families with multiple family members and families with a household member with disabilities continues to be a major challenge. The inability for many families to qualify for conventional housing programs, because of their lack of stable employment history, bad credit due to foreclosure, and many rental requirements continues to be a challenge. In addition, as many of the families do not have legal residency, finding employment and housing is very challenging. Immigration status continues to be a problem for the case managers and parents. Although the families have a strong desire to work and improve their family's situation, their immigration status stands in the way.

Action Plan: The program will continue to provide effective case management for families, and connect them with additional supportive services. Strengthening Families will continue to organize and sponsor community collaborative meetings and resource fairs. At these fairs, various agencies provide information about their services/resources. Additionally, Strengthening Families has begun and will continue to collect and distribute clothes and other essentials items to the families in the program. Strengthening Families intends to continue to seek additional agencies that can provide additional assistance to the families and establish MOUs with these agencies. Strengthening Families will be working with a local domestic violence shelter to provide domestic violence workshops and support groups at the East Los Angeles office. The Strengthening Families program will also begin to offer support groups for the families who are enrolled in program.

Client Success Story: Through effective and compassionate case management, the case managers have assisted their families with finding housing and furniture. A number of the families received donations of refrigerators, beds, and other items that allowed them to save their money and open savings accounts. By collaborating with other community agencies and service providers, the case managers have obtained employment, job leads, job referral and job training for their families. A client's partner had been deported, but through Strengthening Families, he found employment and received legal immigration assistance and now is working and supporting his family. Also, the case managers' active community networking has led to preventing a number of the families from receiving foreclosure notices and finding housing for families with children with disabilities.

27I) Women's and Children's Crisis Shelter

Budget: \$300,000 (City and Community Program)

Table D.12: Women's and Children's Crisis Center (WCCS)
FY 2009-10

(unduplicated clients)	Cumulative		Cumulative
Homeless Families	51	15 and below	108
At-Risk Individuals	288	16-24	41
		25-49	136
Female	252	50+	9
Male	64		
		Housing (emergency)	90
Hispanic	217	Housing (transitional)	4
African American	42	Average stay in days (<i>for quarter</i>)	52
White	26	Number to shared living w/friends or family	15
Asian/Pacific Islander	8		
Native American	-	Life skills	19
Other	23	Mental health care	40
<i>Families are made up of individuals.</i>		Transportation	51
Program Specific Measures			Quarter
Number of hotline calls that are related to domestic violence issues.			199
Number of hotline calls that are related to homeless issues.			156
Of the calls related to domestic violence, the number of families/individuals at-risk of becoming homeless.			90
Number of individuals reunited with their families.			-
Number of families who have enrolled (entered) into program during the reporting period			10
Number of families who left the program during this period			8
Total number of families currently enrolled in program			327
Number of clients who received an assessment (if applicable)			-
Cost per participant			\$2,654
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			16
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			12

Successes: Two Housing and Homeless Prevention Funding (HHPF) clients entered transitional housing after fully completing the program at the emergency shelter. The program assisted three clients with obtaining temporary restraining orders (TRO); two clients are currently pending TROs. Client T from the transitional shelter is actively seeking employment; attending job fairs and submitting resumes. Client T had a job interview with a popular nationwide department store mid-September and is currently waiting for a response on their decision.

Challenges: The emergency shelter household families were stricken with the chicken pox virus this quarter. The facility was shut down and unable to accept any new families into the program until the virus was contained. Many of the workshops and program activities were suspended as well.

Action Plan: The emergency shelter is hoping to reopen the program for potential new clients/families beginning in October as well as resume all program activities.

Client Success Story: Client E from the emergency shelter exited the program and entered WCCS transitional shelter in August. The client is grateful for this opportunity to get ahead and raise her two children in a safe, non-violent home. Her four-year-old son was thrilled to have his own room, and he jumped and laughed with joy. In less than two months, she obtained a permanent restraining order for three years, free childcare through the Child Development Consortium of Los Angeles, and enrolled herself in ESL classes. She enrolled her oldest son in Head Start, and they are now able to understand some English and practice speaking English together. She is very excited about her future and plans to put forth the effort into learning English as quickly as possible, so that she can enroll into a medical administration program.

27m) City of Pomona: Community Engagement and Regional Capacity Building (CERC)

Budget: \$1,239,276 (City and Community Program)

Table D.13: City of Pomona: Community Engagement and Regional Capacity Building
FY 2008-09, April – September 2009

	Quarter
Number of groups included in Consortium	53
Number of community meetings that the CEM and Consortium members attended	-
Number of speaking engagements (by CEM and Consortium)	4
Number of key leaders engaged with Consortium meetings	11
Number of cities actively involved in Consortium meeting	-
Number of strategies developed to eliminate barriers to service and housing delivery	-
Number of legislative, zoning changes, etc.	-
Number of cities actively engaged in strategic planning and/or community activity	4
Number of cities that designate a point person on staff to work on implementing recommendations	13
Number of organizations/agencies that your program has a formal collaboration for this project	52
Number of times collaborative partners met each month	3
Total amount(\$) of HPI funding leveraged for project	\$175,460
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	16%

Successes: The CONSORTIUM Ad-hod Start Up Committee has met and set key elements including refining Mission statement, written Articles of Incorporation and By-laws. A slate of candidates for the Interim Board of Directors is in place. Public Council has agreed to assist with the CONSORTIUM's 501(c)3 application.

Challenges: The program anticipates that the budget and scope of work modification will be completed soon and then will move forward with the CERC Resources and Y!MBY campaign.

Action Plan: Elect interim board of directors. Hire staff to begin resource component and Y!MBY Campaign. Implement multi-agency performance system for reporting.

27n) City of Pomona: Integrated Housing and Outreach Program (IHOP)

Budget: \$913,975 (City and Community Program)

Successes: IHOP has had success within our community collaborating with other agencies, both non profit and government. IHOP is a key part of the community and works together with the city, police, hospitals, non profits, property managers, and citizens of the community to serve homeless clients. This is due to: 1) the Outreach Team's proactive outreach to agencies as well as clients; 2) program linkage to the City of Pomona; and 3) the strong Continuum of Care Coalition (COC). The COC has recruited the core of its Faith-based Committee. Members are actively planning and will participate in the upcoming Project Homeless Connect. The resource directory has been updated, and an initial copy has been given to members of the COC for review and revision.

Challenges: The greatest challenge is finding housing for General Relief (GR) clients and families on CalWORKs alone. Neither program provides enough income to support housing for the clients. Additional

income is needed. The program has found one provider that will accept clients on GR, with the expectation that within a month or two they will find employment to pay full price for their transitional housing. This is very hard for clients, especially in the current job market. So the program will continue to search for housing opportunities for this group of clients.

Action Plan: The plan is to continue to search for new avenues to help clients gain housing. The Foothill Aids Project received Emergency Food and Shelter Program (EFSP) funds which are used to place families into an emergency hotel until the program can find housing. In addition, the City of Pomona has awarded Emergency Shelter Grants (ESG) funds with which will assist more clients. This money will work together with the HPI funds to help assist clients with utilities and security deposits.

The Homeless Services Liaison is developing a data gathering method for receiving information on client service from all active members of the Pomona Continuum of Care. Faith-based Committee meetings will begin in 2010 after the big Project Connect Event in December. The website is in process.

Client Success Story: The IHOP grant has been very successful in placing families into permanent housing. Client R had been homeless for months since being laid off of her job. She has two young children and is a single parent. She had been to many agencies seeking assistance, but all avenues fell through. She was beginning not to trust workers and programs. However, IHOP Case Managers were able to build trust with R and help her get back on her feet. IHOP paid for her first month in housing, and she has been stable since.

Table D.14: City of Pomona: Integrated Housing and Outreach Program

FY 2008-09, April – September 2009

(unduplicated clients)	Cumulative	Cumulative
Homeless Individuals	4	Eviction prevention 9
Chronic Homeless	3	Housing (emergency) 6
Homeless Families	11	Housing (transitional) 6
(individuals)	36	Housing (permanent) 10
Transition age youth	1	
		Job training 3
Female	28	Job placement 2
Male	16	CalWORKs 1
		General Relief (and Food Stamps) 1
Hispanic	19	General Relief 1
African American	41	Case management 25
Other	1	Health care 4
		Life skills 7
715 and below	17	Mental health care 6
16-24	13	Social/community event 3
25-49	11	Substance abuse treatment (outpatient) 3
50+	4	Transportation 6
		Food 8
		Quarter
Number of organizations/agencies that your program has a formal collaboration for this project		34
Number of times collaborative partners met each month		2
Total amount(\$) of HPI funding leveraged for project		\$32,992
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)		83%
Number of participants who have enrolled (entered) into program during the reporting period		17
Number of participants who left the program during this period		2
Total number currently enrolled in program		15
Number of clients who received an assessment (if applicable)		17
Cost per participant		\$653

VI. COUNCIL OF GOVERNMENTS (COGs)

28a) San Gabriel Valley Council of Governments

Budget: \$200,000 (On-going Funding)

In April 2009, a study team consisting of the Corporation for Supportive Housing, Shelter Partnership, Inc., Urban Initiatives, and McDermott Consulting, presented the San Gabriel Valley Regional Homeless Services Strategy Final Report to the San Gabriel Valley Council of Governments (SGVCOG). The final report included a summary of priorities presented by sub-regional cluster group and the following key issues were identified.

- First Priority: Permanent Supportive Housing
- Second Priority: Short-Term Housing (Emergency Shelter & Transitional Housing)
- Third Priority: Access Center

Implementation Strategy and Recommendations

A summary of five-year housing and service targets was presented by cluster group. Overall for the region, three strategic objectives, related recommendations, and a timeline were presented.

Strategic Objective I: Develop Leadership, Political Will, and Community Support

- Recommendation 1: Create a Valley-wide Membership Based Organization for the Primary Purpose of Education, Advocacy, and Coordination
- Recommendation 2: Meet and Confer with Municipal Leaders, Community Groups, Business Leaders, Faith-based and Community Service Providers within the San Gabriel Valley

Strategic Objective II: Build Provider Capacity and Expand the Service Delivery System

- Recommendation 1: Engage Community and Faith-based Service Providers in Planning, Training and Overall Capacity Building
- Recommendation 2: Create More Housing Opportunities for Homeless Persons in the San Gabriel Valley
 - √ 588 units of permanent supportive housing over the next five years
 - √ 150 emergency shelter beds and 300 transitional housing beds for single individuals over the next five years
 - √ Scattered-site housing programs to serve 100 families annually
- Recommendation 3: Create an Access Center in Cluster Five (Claremont, Diamond Bar, Glendora, La Verne, Pomona, and San Dimas)
- Recommendation 4: Develop Valley-wide Referral and Information Sharing System

Strategic Objective III: Leverage and Maximize Utilization of Available Financial Resources

- Recommendation 1: Form a San Gabriel Valley Supportive Housing Pipeline Review Committee
- Recommendation 2: Commit Local Investments from Municipalities Across Multiple Jurisdictions within the San Gabriel Valley to Stimulate Housing Production
- Recommendation 3: Utilize New Funding Opportunities to Expand Short-term Housing and Rapid Re-housing Programs

28b) PATH Partners/Gateway Cities Homeless Strategy

Budget: \$135,000 (On-going Funding)

PATH Partners presented the Gateway Cities Homeless Strategy to the Gateway Cities Council of Governments (GCCOG). The first three categories (LEAD, ENGAGE and COLLABORATE) provide recommended actions that will build the leadership and infrastructure required to plan, develop and successfully start up the proposed programs and services presented in the IMPLEMENTATION category of the strategy.

The LEAD phase includes identification of a current or new regional leadership entity as well as designating a "Homeless Liaison" for each city. The ENGAGE phase involves formation of a stakeholder regional homeless alliance, implementation of "connections" strategies to engage the community, and

development of a public education campaign. Third, the COLLABORATE category focuses on enhanced government-wide collaboration. Specific strategies include: leveraging \$1.2 million of County HPI funds to secure matching dollars within the region, exploring opportunities to secure funding from the American Recovery and Reinvestment Act of 2009, and organizing and coordinating the GCCOG cities to apply for additional funding; and coordinating a region-wide, multi-sector homeless collaborative event that integrates services and resources across agencies and departments, including government departments, service providers, faith groups and the business community. One example of an effective event that has produced demonstrated results in several communities are “Homeless Connect Days.” The County of Los Angeles currently sponsors events that bring together hundreds of volunteers to engage homeless people and connect them to needed services all on one day.

The IMPLEMENT phase consists of four categories of implementation actions that are proposed as part of the Gateway Cities Homeless Strategy, which are all very closely intertwined and form a mini-“homeless strategy” in a region that effectively assists homeless individuals and families to move from the streets into housing and long-term independence –

- √ **Homeless Prevention Services:** The region will create a minimum of two new homeless prevention programs over the next 12 months to provide prevention services to the homeless. A target goal is to have a total of four programs formed (one in each of the four group areas of the GCCOG region), over the next 3-5 years to provide accessible prevention services to those in need. Each homeless prevention program will serve 500 unduplicated individuals annually, providing screening and assessments, prevention programs and housing assistance.
- √ **First Responders Program:** Geographic-based street outreach team(s) would serve as “first responders” and coordinate with local law enforcement, service providers, hospitals, businesses and others. Teams would be comprised of staff and/or volunteers, and would be multiPATH Partners 2009 disciplinary, utilizing staff from existing mental health providers, substance abuse treatment providers, county agencies, and faith groups. The GCCOG region will create a minimum of two new outreach teams over the next 12 months to provide outreach services to the Gateway Cities. A target goal is to have a total of four teams operating (one in each of the four group areas of the GCCOG) over the next 3-5 years to provide more accessible outreach services. Each outreach team will engage 80 new unduplicated homeless individuals and assist them in connecting to services annually.
- √ **Interim Housing:** Develop a strategy to “rapidly re-house” individuals into interim housing, with the end goal of long-term housing. This approach will be linked to street outreach teams and will focus on intensive housing and placement assistance upon entry into interim housing, and will include linkages to housing subsidies, rental assistance programs and other supportive services. Cities/communities would place special emphasis on connecting existing interim beds and programs to street outreach, homeless prevention services, permanent supportive housing and other supportive services. The region will create a minimum of two new interim housing programs (30-40 beds per program) over the next 12 months. A target goal is to have four new interim housing programs (one in each of the four group areas in the region) over the next 3-5 years to provide housing. Each new program will serve 100 unduplicated homeless individuals annually, providing them with housing, case management and assistance in connecting to long-term housing opportunities and supportive services.
- √ **Permanent Supportive Housing (PSH):** Create a multi-year plan to increase the stock of PSH units in the GCCOG region. A proposed goal for the region is to invest in the creation of 665 units of PSH over the next five years (2010 to 2014). The production goal of 665 new units will double the number of available supportive housing units. The goal is based on an assessment of the available funding resources the GCCOG will be able to realistically access to support the creation of new PSH units. The breakdown of the 665 unit production goal over five-years includes: one 40 unit development, 175 units of smaller PSH projects and set aside units, and 450 scattered-site leasing units. A plan will be developed for acquiring further rental vouchers and/or creating more subsidized housing in the region for homeless families and single adults who do not require supportive housing but do require affordable housing in order to end their homelessness as they transition out of interim housing.

29) Los Angeles Homeless Services Authority (LAHSA) Contracted Programs

Goal: Emergency shelter and transitional housing are provided to families and individuals.

Budget: \$1,735,000 (One-Time Funding)

Six programs are currently in progress, two emergency shelters and four transitional housing programs.

Table E.2: LAHSA Participants and Services				
(unduplicated clients)	FY 2007-08	FY 2008-09	FY 2009-10 Sept. 2009	Total
Homeless Families	483	275	95	853
Homeless Individuals	3,162	890	218	4,270
Chronic Homeless	2,206	336	19	2,561
Female	1,938	493	80	2,511
Male	3,931	1,003	38	4,972
Hispanic*	1,385	647	89	2,121
African American	2,838	636	98	3,572
White	2,004	1,097	91	3,192
Asian/Pacific Islander	151	83	18	252
Native American	168	110	-	278
Other	1,598	99	24	1,721
Adult**	6,064	1,550	105	7,719
Child	1,029	444	113	1,586
Transition Age Youth (not included as individuals)		91	13	104
Emergency housing	5,869	1,462	130	7,461
Transitional housing	-	156	101	257

*LAHSA uses the federal definition of Hispanic origin (which for the Feds includes all Spanish speaking nations in the Americas and Spain). There are two options: Hispanic or Non-Hispanic.

**The U. S. Department of Housing and Urban Development (HUD) defines an adult as a person 18 years of age or older. LAHSA uses the HUD definition of adult in its data collection process.

30) PATH Achieve Glendale

Budget: \$150,000 (One-Time Funding)

Successes: As evidenced by 183 new clients admitted, the quality of services provided, and 20% of clients moving into permanent housing, the Access Center is continuing to provide essential services to homeless individuals and families from Glendale and throughout the County. Clients have benefited from reciprocal referral relationships from the following agencies: All for Health Clinic, Healthy Start, School on Wheels, Verdugo Jobs Center, Glendale Adventist Medical Center, Verdugo Mental Health, and Glendale Police Department. Additionally, interns from USC School of Social Work, California State University Northridge Sociology Department, and Glendale Community College have expanded services offered on-site to include a greater number of mental health counseling and case management hours and assistance with intake and front office functions.

Challenges: Community Outreach and Access Center case managers work tenaciously with chronically homeless individuals assisting them in transitioning from the street into housing. As the team builds rapport and trust with clients, a host of various assets and liabilities are identified. Many are present with physical and mental health disabilities, none has enough income to fund their first choice in housing, and a few are overcoming recent physical assaults. All are survivors – mostly women who have survived

abusive childhoods and adult relationships and have not entirely given up on their goals for the future. They are willing to do the footwork to access services and make better decisions. Staff has reported that work with these individuals can be frustrating, difficult, intensive, time-consuming, rewarding and inspiring.

Table E.3: PATH Achieve Glendale
FY 2008-09, January – September 2009

(unduplicated clients)	Cumulative		Cumulative
Homeless Individuals	407	15 and below	268
Chronic Homeless	96	16-24	131
Homeless Families	*224	25-49	549
(Individuals)	673	50+	214
Female	605	Housing (emergency)	156
Male	561	Housing (transitional), <i>average stay 53 days</i>	**60
		Housing (permanent)	155
		Moving assistance	8
Hispanic	362		
African American	442	Job training	60
White	325	Job placement	6
Asian/Pacific Islander	19	CalWORKs	2
Native American	13	General Relief and Food	
Other	5	Stamps	27
		Medi-Cal/Medicare	2
Case management (level 3)	183	SSI/SSDI	23
Number of cases per case manager	76	Health care	32
		Life skills	13
		Mental health	30
		Social/community event	20
		Substance abuse treatment (outpatient)	47
		Substance abuse treatment (residential)	1
		Transportation	61

*A total of 673 individual family members was served; the number of families was calculated by dividing by three (estimated average family size).

**FY 2008-09 Transitional and permanent housing placement was estimated based on the ratio of transitional to permanent housing placements indicated in HMIS reports. The total number of placements (61 residents) was verified by an Emergency Housing Program report.

Action Plan: The Access Center plan for next quarter includes continuing case management training, placing chronically homeless clients in the new PATH Ventures permanent supportive housing program in Glendale, providing case management for local Winter Shelter Program guests as a subcontractor for EIMAGO, expanding into Burbank with family case management on a part-time basis at Burbank Temporary Aid Center, and leading in local Connect Day activities.

Client Success Story: Client C is a 25-year-old who was seven months pregnant with her third child, when she came to PATH Achieve Glendale in June 2009 with her two beautiful and very well-behaved girls, both under age six. She had become homeless in April, because she could no longer afford to pay rent for her apartment. The father of her three children, an auto mechanic, was of no monetary or emotional help. He kept promising that he would help, but things just kept going wrong for him. She asked him to get a job, but he did not want to give up his business and chose instead to let her become homeless. She does not have relatives nearby, but a friend offered to let her stay in a room for a few days. The client spoke to her priest, and he referred her to PATH Achieve Glendale. She was working and made a decent wage, but with her three children she was at a very low income level. Her newborn baby developed several ailments, requiring a longer hospital stay. The client returned to the shelter from the hospital and was able to move into the private room in the Emergency Housing Program. She was very sad and missed her baby, but never complained. Soon after the birth of her son, PATH Achieve's Transitional Housing Program had an opening, and she was able to move with her children into an apartment where PATH Achieve helps pay for her rent and she receives services.



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

April 29, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

LOS ANGELES COUNTY HOMELESS PREVENTION INITIATIVE STATUS REPORT

According to the Los Angeles Homeless Services Authority (LAHSA), Los Angeles County has the highest concentration of homelessness in the nation (50,000 people). Various social and economic factors, as well as gaps in available housing and social services, have contributed to the crisis.

On April 4, 2006, your Board approved the County Homeless Prevention Initiative (HPI) in response to this crisis. The HPI consisted of two categories of funding: (1) \$15.4 million in funding for ongoing programs; and, (2) \$80 million in one-time funding to develop innovative programs. Both funding categories are to focus on reducing or preventing homelessness. In approving the HPI, your Board directed the CEO to coordinate the preparation of quarterly status reports beginning in September 2006, providing your Board with implementation updates and analysis of results of the various HPI programs in reducing and preventing homelessness.

The Chief Executive Office continues to implement specific key HPI programs in partnership with County Departments of Children and Family Services, Health Services, Mental Health, Probation, Public Defender, Public Health, Public Social Services and the Sheriff, along with other agencies including the County's Community Development Commission, LAHSA, and various cities. Through December 2009, the HPI has been tremendously successful in implementing 31 programs and serving over 40,500 individuals and 18,000 families (some programs may serve the same participants).

The initiative focuses on reaching the following two goals through the six strategies shown below:

Goal 1 – Preventing Homelessness

- Housing assistance
- Discharge planning (transitional supportive services)

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only**

Goal 2 – Reducing Homelessness

- Community capacity building
- Regional planning
- Supportive services integration linked to housing
- Innovative program design

Three attachments are included with this memo:

1. Executive Summary of Fiscal Year (FY) 2009-10, Second Quarter;
2. HPI Status Report (Attachment A): The FY 2009-10 Second Quarter HPI status report includes information on program participants, services provided, and associated outcomes; and
3. Index of Programs (Attachment B): The table presents key performance indicators and budget information on each program. Following the table, each program's performance measures are included with a description of successes, challenges, an action plan, and a client success story.

This HPI report provides information about the progress of your Board's investment to decrease homelessness and inform future planning efforts. If you have any questions, please contact Kathy House, Acting Deputy Chief Executive Officer at (213) 974-4530, or via e-mail at khhouse@ceo.lacounty.gov.

WTF:KH
VKD:ljp

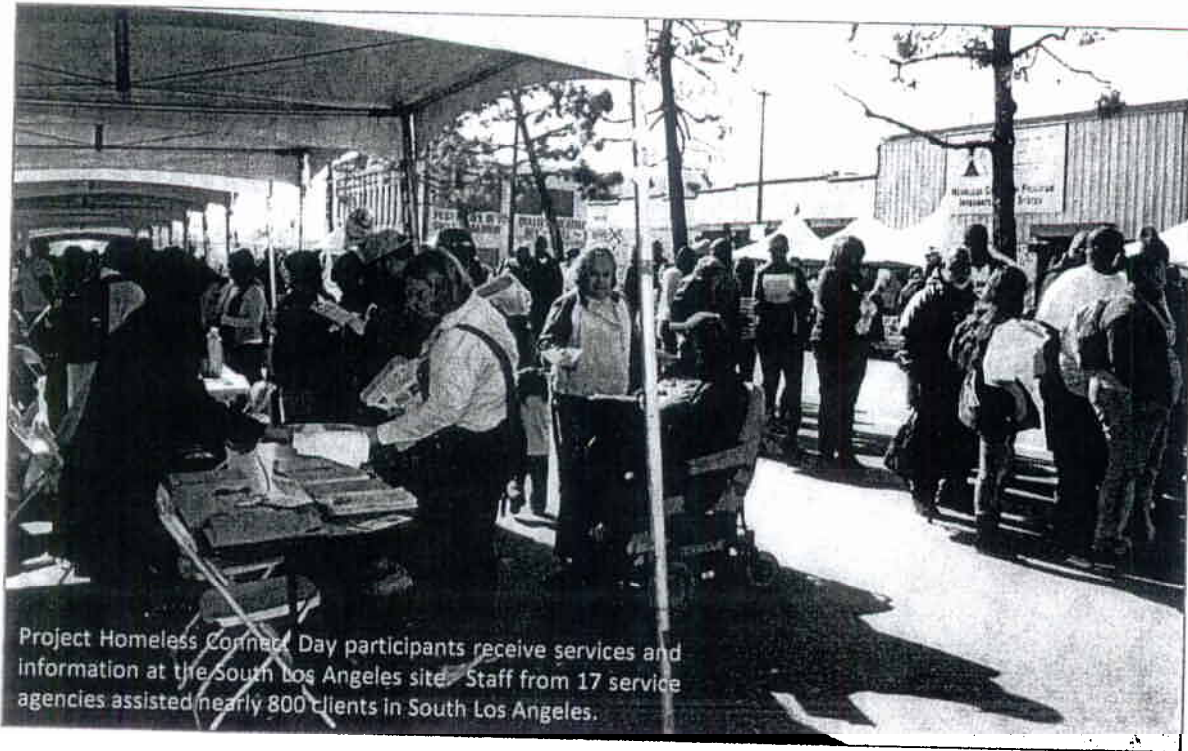
Attachments (3)

- c: Children and Family Services
- Community Development Commission
- Health Services
- Mental Health
- Probation
- Public Defender
- Public Health
- Public Social Services
- Sheriff
- City of Santa Monica
- Los Angeles Homeless Services Authority
- Public Counsel
- Skid Row Housing Trust



Los Angeles County HOMELESS PREVENTION INITIATIVE (HPI)

FY 2009-10, OCTOBER – DECEMBER, SECOND QUARTER EXECUTIVE SUMMARY



PROJECT HOMELESS CONNECT

On December 10, 2009, over 2,000 households participated in Project Homeless Connect (PHC) at five sites in Los Angeles County. Over 100 agencies directly assisted and referred participants to housing and a range of supportive services. Clients received clothing, health and mental health care, transportation, legal services, and linkages to education and employment opportunities. The following agencies at each site partnered with volunteers from ServeLA and staff from service organizations: Volunteers of America in East Los Angeles; PATH Achieve in Glendale; Tri Cities Mental Health in Pomona; Union Rescue Mission (URM)/EIMAGO in Downtown; and Homeless Outreach Program/Integrated Care System (HOPICS) in South Los Angeles. In addition, the County of Los Angeles HPI supported the event and implemented a new intake process to streamline referrals and data collection.

Information from participants offered providers with an opportunity to learn more about their needs. Sixty-three percent of all participants were individuals or couples and 37% were families. Thirty-two percent of families with children reported being at-risk for homelessness, and 28% previously rented with no housing subsidy. In contrast, 57% of individuals were actually homeless or chronically homeless and 15% previously rented with no housing subsidy. Individuals also were more likely to report having a disability (41% and 18% for families). Moreover, a greater percentage of families were employed (16% and 5% for individuals). The PHC events present a one-stop approach to connect people with a variety of supports and eliminate barriers to access services in a client-friendly environment. Additional PHC events in February and June 2010 are being organized in partnership with the Westside Shelter and Hunger Coalition, URM/EIMAGO, Whittier Area Recovery Network, and South Bay Homeless Coalition.

The HPI has served over 40,500 individuals and 18,000 families. For each strategy, specific outcomes and a combined total of estimated actual expenditures are listed. For both the Housing Assistance and Supportive Services Integration and Linkages to Housing strategies, cumulative results are shown.

GOAL 1: PREVENTING HOMELESSNESS

HOUSING ASSISTANCE

Eviction Prevention \$10,899,999
Moving Assistance
Rental Subsidy

Through housing assistance, individuals, youth, and families maintain permanent housing.

- **5,788 individuals and 12,440 families received housing assistance, which prevented homelessness.**

Note: A participant who received more than one type of housing assistance was counted once.

DISCHARGE PLANNING

Access to Housing for Health \$11,191,401
Homeless Release Projects
Just In-Reach Program
Recuperative Care

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

- **3,946 clients received public benefits.**
- **225 clients placed into permanent housing.**
- **90% decrease in inpatient days and 83% decrease in ER visits a year post enrollment.**

GOAL 2: REDUCING HOMELESSNESS

COMMUNITY CAPACITY BUILDING

City and Community Program (CCP) \$12,012,032
Revolving Loan Fund

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

- **3,486 individuals and 722 families received 8,785 linkages to supportive services and 1,257 housing placements.**

REGIONAL PLANNING

Homeless Services \$4,465,683
Long Beach Homeless Veterans

Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

- **Gateway and San Gabriel Valley Council of Governments (COG) presented regional plans to include 1,253 units of permanent housing.**

SUPPORTIVE SERVICES INTEGRATION AND LINKAGES TO HOUSING

Case Management \$16,551,215
Housing Locators
Multi-disciplinary Team/Access Center

Provide clients with integrated supportive services and housing. Supportive services include case management, health care, mental health services, and substance abuse treatment.

- **13,161 individuals and 6,223 families placed into emergency, transitional, and permanent supportive housing.**
- **33,798 linkages to integrated supportive services enhanced participants' well-being.**
- **10,832 individuals and families achieved greater self-sufficiency through public benefits, income support, and connections to employment opportunities.**

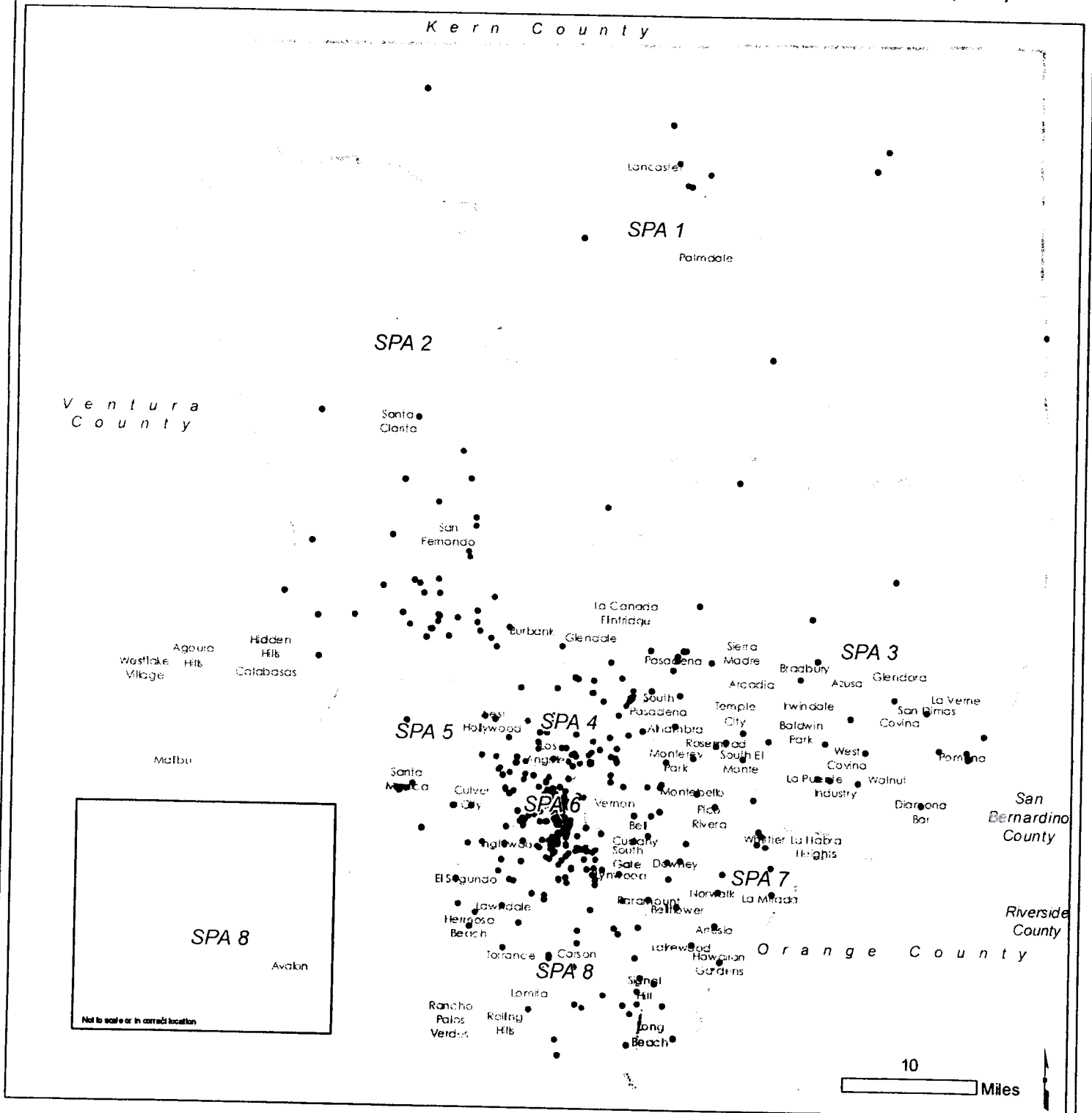
INNOVATIVE PROGRAM DESIGN

Project 50 \$19,540,379
Skid Row Families Demonstration Project
Homeless Court
Housing Resource Center
Santa Monica Service Registry

Provide access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

- **86 chronic homeless individuals placed into permanent supportive housing.**
- **241 Skid Row families placed into permanent rental housing (93% retained at 12 months).**
- **Citations and warrants dismissed for 1,609 individuals.**
- **Over 4 million housing searches conducted.**

Housing Placement and Service Locations by Service Planning Area (SPA)



Strategy

- 1 - Housing Assistance
- 2 - Transitional Supportive Services
- 3 - Community Capacity Building
- 4 - Regional Planning
- 5 - Supportive Services Integration and Linkages to Housing
- 6 - Innovative Program Design

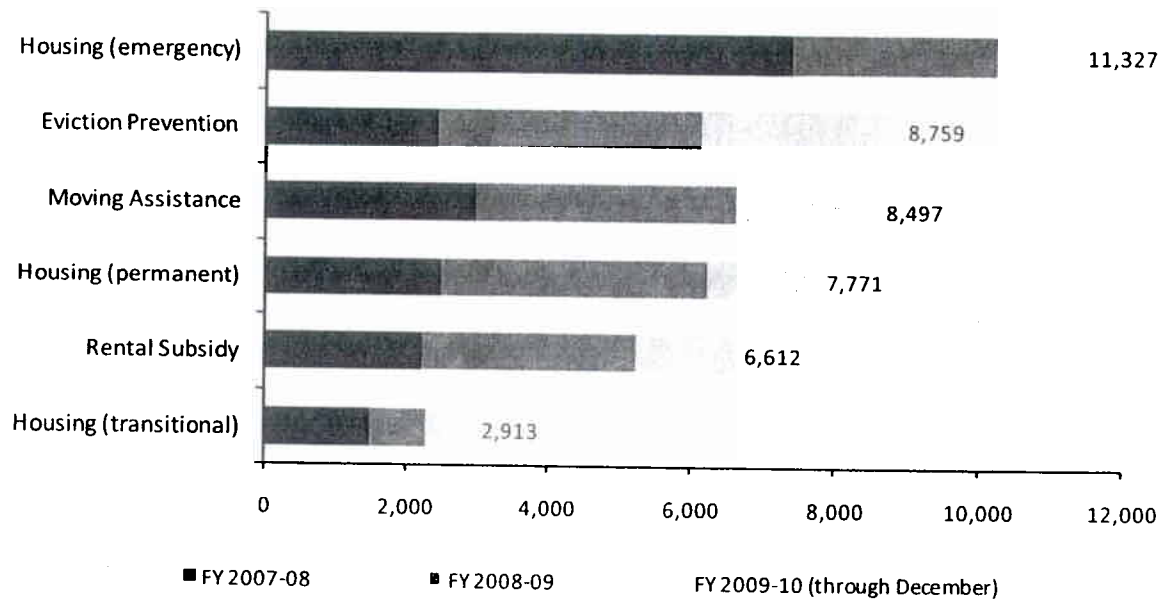
Notes:

i) The following HPI programs are offered Countywide:
General Relief Housing Subsidy and Case Management Project
Los Angeles County Homeless Court
Los Angeles County Housing Resource Center
Moving Assistance for Single Adults in Emergency/Transitional Shelter
or Similar Temporary Group Living Program
Project Homeless Connect

- i) Strategy 4 - Regional Planning includes San Gabriel Valley Council of Government Plan and Gateway Cities Homeless Strategy.
- ii) Rental subsidies were provided to transition age youth who moved to cities in other counties, including: San Bernardino, Riverside, Kern, Orange, San Diego, Ventura, and Santa Barbara.

It is the County's goal to work with community partners to further reduce and prevent homelessness. The chart below shows the number of HPI participants who received housing and financial assistance through December 2009.

HPI Participants Receiving Housing/Housing Assistance



Information about the County of Los Angeles Homeless Prevention Initiative

The Los Angeles County Board of Supervisors invested resources to address and prevent homelessness with the approval of the \$100 million Homeless Prevention Initiative (HPI). The Chief Executive Office (CEO) continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), Community Development Commission (CDC), and various cities. To date, the HPI has been tremendously successful in implementing 31 programs and serving over 40,500 individuals and 18,000 families. The initiative focuses on reaching the following two goals through six strategies shown below:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none"> • Housing assistance • Discharge planning (transitional supports)
Reducing Homelessness	<ul style="list-style-type: none"> • Community capacity building • Regional planning • Supportive services integration and linkages to housing • Innovative program design

For additional information, please contact Vani Dandillaya at vdandillaya@ceo.lacounty.gov.



Homeless Prevention Initiative (HPI)
FY 2009-10, Second Quarter Status Report

TABLE OF CONTENTS

Following the **Executive Summary** of this report are two attachments.

Attachment A: Overview of HPI Status

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Strategy 2: Discharge planning (Transitional supports)	
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Strategy 3: Community capacity building	
Strategy 4: Regional planning	
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Strategy 6: Innovative program design	
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Attachment B: Index of HPI Programs by Population (*Table on page 1*)

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HOMELESS PREVENTION INITIATIVE (HPI) STATUS REPORT FY 2009-10, Second Quarter

I. INTRODUCTION

In accordance with your Board's direction on April 4, 2006, this report provides a status update on the implementation of 31 programs included in the Los Angeles County Homeless Prevention Initiative (HPI) during October-December of FY 2009-10. The Chief Executive Office (CEO) continues to implement specific key HPI programs in participation with the Community Development Commission (CDC), the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), Public Social Services (DPSS), Probation, Public Defender, and the Sheriff. Representatives from these County agencies, departments, and several partner organizations meet frequently to ensure consistent communication and integration of services and facilitate successful implementation of HPI programs serving the County's homeless population.

HPI funding has allowed for greater access to housing and supportive services for the homeless and at-risk population. This HPI status update highlights results achieved through program strategies that have served over 40,500 individuals and 18,000 families.¹ This report features components of the HPI, associated outcomes, and opportunities to strengthen County homeless coordination.

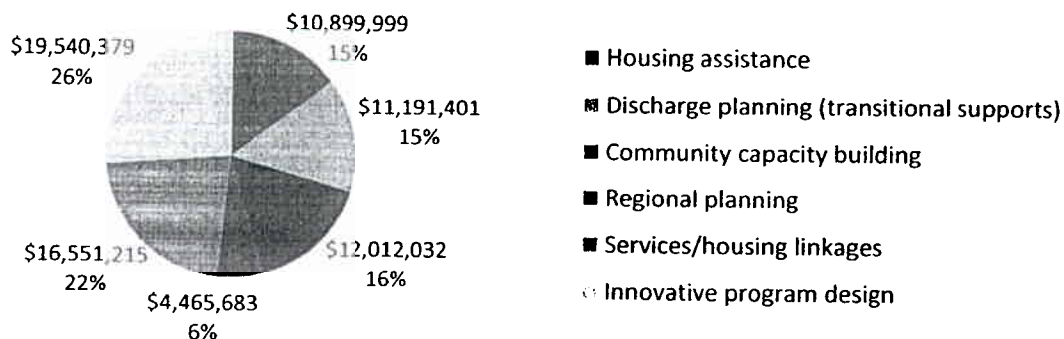
Goals and Strategies

As mentioned in the Executive Summary, the CEO continues to implement specific key HPI programs in partnership with County departments, the Los Angeles Homeless Services Authority (LAHSA), CDC, and various cities. The initiative focuses on meeting the following two goals through six strategies shown:

Goal	Strategy
Preventing Homelessness	<ul style="list-style-type: none"> • Housing assistance • Discharge planning (transitional supports)
Reducing Homelessness	<ul style="list-style-type: none"> • Community capacity building • Regional planning • Supportive services integration and linkages to housing • Innovative program design

¹ Currently, a standardized data system is not in place to determine if any client is shared across programs, therefore, the total number of participants may include a duplicate count.

Chart 1: Estimated Actual Expenditures
Total: \$74,660,709*



*Estimated actual expenditures are approximately \$78.6 million. Additional expenditures include: 1) Board approved operational support at \$1.9 million (FY 2006-07); and 2) operational support, administrative, and evaluation costs at approximately \$2.0 million. *From upper right (clockwise) beginning with Housing Assistance.*

Estimated Actual Expenditures by Strategy

In this report, total expenditures include FYs 2006-07, 2007-08, 2008-09 actual expenditures and FY 2009-10 estimated actual expenditures. The total estimated actual expenditures for the HPI programs in this report are \$74.6 million. Chart I shows that 30 percent of all expenditures have been spent on the initiative's first goal to prevent homelessness. Seventy percent of all expenditures have been spent on the HPI's second goal to reduce homelessness. In addition, Chart I shows the amount expended by each strategy. For the community capacity building strategy, capital projects for housing development have been delayed due to the economic conditions, therefore, the actual expenditures are significantly less than previously estimated for FYs 2008-09 and 2009-10. Through FY 2008-09, the greatest percentage (26 percent) of actual expenditures was spent on innovative programs, including *Housing First* models for chronically homeless participants.

The following sections of the HPI status report provide an overview of participants and the initiative's progress in preventing and reducing homelessness.

II. PARTICIPANTS

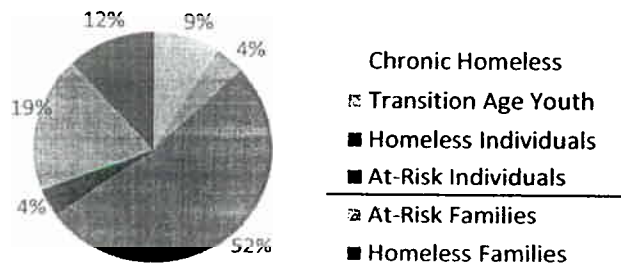
During the second quarter of FY 2009-10, 27 of 31 implemented HPI programs² directly served the County's homeless and nearly homeless. While several programs served more than one population, participants in 19 programs corresponded to one of five categories: homeless individuals (seven programs), chronic homeless individuals (four programs), transition age youth (two programs), homeless and at-risk families (six programs). Attachment B provides an overview of programs. To date, Table 1 shows HPI improved the lives of 40,791 individuals and 18,298 families.³ During the second quarter, the number of families and individuals served each increased by 18 percent.

Table 1: Number of Contacts by Participant Category
FY 2009-10 through December 31, 2009

	FY 2009-10*	FY 2008-09*	FY 2007-08	Cumulative	Second Qtr. Increase
Homeless Individuals	10,049	8,722	12,206	30,977	20%
Chronic Homeless Individuals	715	2,181	2,443	5,339	11%
Transition Age Youth	224	1,100	1,122	2,446	6%
At-Risk Individuals	1,046	983	-	2,029	41%
Total for Individuals	12,034	12,986	15,771	40,791	18%
Homeless Families	1,201	1,860	3,950	7,011	16%
At-Risk Homeless Families	3,718	5,082	2,487	11,287	16%
Total for Families	4,919	6,942	6,437	18,298	18%
TOTAL	17,056	19,928	22,208	59,089	19%

*FYs 2008-09 and 2009-10: To calculate an unduplicated count within each program, returning participants were not included.

Chart 2: Percent by Participant Category



From upper right (clockwise) beginning with Chronic Homeless.

Chart 2 illustrates that of HPI participants, 69 percent were individuals and 31 percent were families. According to LAHSA, 12 percent of the total homeless population lives in families,⁴ and similarly homeless families made up 12 percent of all HPI participants. Of all HPI participants, 52 percent were homeless adults, four percent were at-risk adults, and four percent were transition age youth. Approximately one-fourth of the homeless in the County are chronically homeless,⁵ while these individuals made up nine percent of all participants.

² While Housing Locator and Housing Specialists programs are included, these programs are funded by CalWORKs Single Allocation and DMH Mental Health Services Act (MHSA), respectively. City and Community Program includes 21 separate programs. Project Homeless Connect participants are not included in the total as many are connected to other programs.

³ Note most programs provided an unduplicated participant number; however, four programs included a duplicated participant count during FY 2007-08. Housing Locators/Housing Specialists are included in total participant count.

⁴ LAHSA 2009 Greater Los Angeles Homeless Count.

⁵ Ibid.

Participant Characteristics

During the second quarter, all 31 programs provided demographic information for program participants. Demographic information included gender, age, and race/ethnicity of participants. To obtain data on HPI participants, demographic information from new participants served during this past quarter was included. Gender information from LAHSA contracted programs was added. Due to different categorization for race/ethnicity and age, these statistics for LAHSA contracted programs are shown separately in Attachment B.

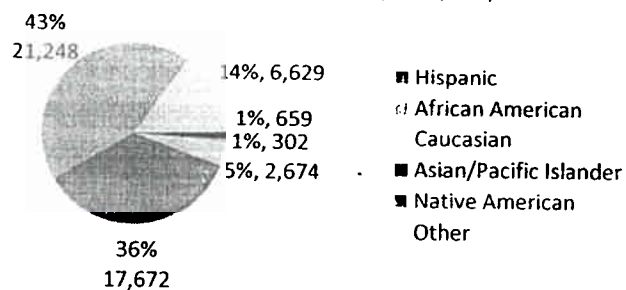
Gender

Approximately 67 percent of the homeless population in Los Angeles County consists of adult men.⁶ Of the 55,357 participants whose gender was provided, 54 percent (30,009) were male and 46 percent (25,312) were female.

Race/Ethnicity

The total homeless population in Los Angeles County is 43 percent African American and 29 percent Hispanic/Latino. Chart 3 shows 43 percent of HPI participants were African American, 36 percent were Hispanic/Latino, and 14 percent Caucasian. The remaining seven percent of participants included Asian/Pacific Islander, Native American, and other racial/ethnic groups.

Chart 3: Race of HPI Participants (n=49,184)



Age

Of all HPI participants, a total of 40 percent was between 25-49 years of age. Chart 4 shows that of HPI participants whose age was provided, 31 percent were children 15 years of age or younger, 12 percent of participants were between the ages of 16-24, and 17 percent were 50 years of age and older.


Chart 4: Age of HPI Participants (n=55,570)



⁶ LAHSA 2009 Greater Los Angeles Homeless Count.

III. GOALS, STRATEGIES, AND OUTCOMES

Goal I: Preventing Homelessness

Strategy  Housing Assistance

\$10,899,999

Through housing assistance, individuals, youth, and families maintain permanent housing.

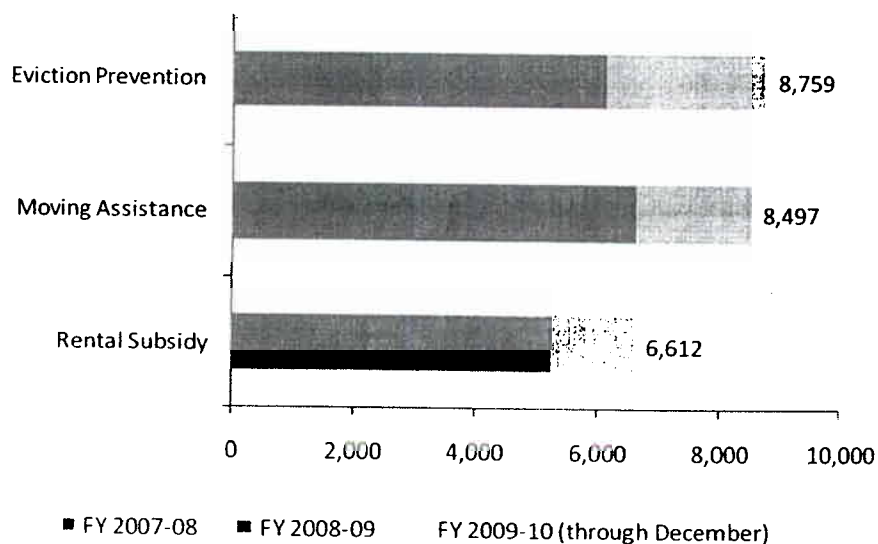
Eviction Prevention • Moving Assistance • Rental Subsidy

HPI programs provided housing assistance through moving assistance, eviction prevention, and rental subsidies; five programs focused on these services. **Through December 2009, a total of 18,228 participants received housing assistance to secure permanent housing and prevent homelessness.** A participant who received more than one type of housing assistance was counted once. Table 2 shows 68 percent of participants who obtained housing assistance were families, 26 percent were individuals, and six percent were transition age youth. Table 2 illustrates that a greater proportion of individuals and transition age youth received rental subsidies, whereas significantly more families obtained eviction prevention. Chart 5 shows the number of participants who received each type of housing assistance through December 2009.

Table 2: Through December 2009		Housing Assistance	Moving Assistance	Rental Subsidy	Eviction Prevention
Individuals	4,693	26%	3,224	5,175	121
Transition Age Youth	1,095	6%	583	996	2
Families	12,440	68%	4,630	385	8,586
Total participants	18,228	100%	8,437	6,556	8,709
Expenditures		\$10,899,999	\$6,193,951	\$902,274	\$3,803,774

The following participants were not included in Table 2: 60 participants who received moving assistance, 50 who received eviction prevention, and 56 who received rental subsidies.

Chart 5: Housing Assistance Provided to HPI Participants



Strategy ② Discharge Planning (Transitional Supports)

\$11,191,401

Clients discharged from public hospitals and jails receive case management, housing location, and supportive services.

Access to Housing for Health (AHH) • Recuperative Care • Homeless Release Projects (DPSS-DHS and DPSS-Sheriff) • Just In-Reach Program (JIR)

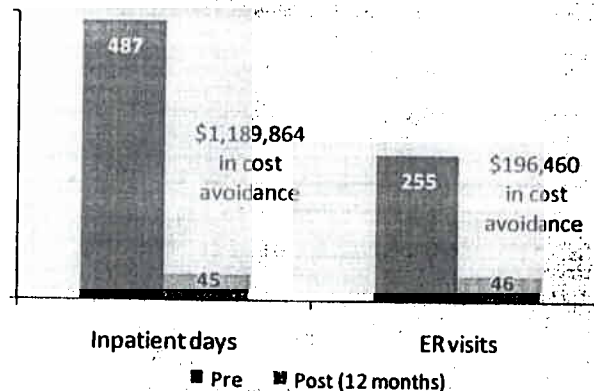
Discharge Planning for Hospital Patients

Access to Housing for Health (AHH), Recuperative Care, and DPSS-DHS Homeless Release programs provided discharge planning for hospital patients at-risk of becoming homeless. A discharge plan connected patients to services that helped them attain stable housing and a better quality of life. Both the AHH and Recuperative Care programs have shown improvements in health outcomes, such as reductions in Emergency Room (ER) visits and inpatient hospitalizations.

Outcomes

- **Improved Health:** Since March 2007, 59 AHH clients completed 12 months with an 83% decrease in ER visits and a 90% reduction in inpatient days.
- **Cost Avoidance:** After 12 months, a reduction in the number AHH patients' ER visits and inpatient days resulted in the cost avoidance of over \$1.3 million (Chart 6).
- **Linkages to Public Benefits:** These programs made 600 connections to public benefits for individuals, including: Supplemental Security/Disability Income (SSI/SSDI), Medi-Cal, and General Relief (GR).
- **Housing Stability:** AHH placed 84 individuals into permanent housing, and 97 percent (59 individuals to date) have maintained permanent housing for six months or more.

Chart 6: AHH Participant Outcomes and Cost Avoidance (n=59)



Discharge Planning for Individuals Released from Jails

Just In-Reach (JIR) and DPSS-Sheriff Homeless Release projects connected individuals to services and benefits prior to release from jail to help support steps towards building a better future, including stable housing and employment.

Outcomes

- **Linkages to Public Benefits:** The JIR and DPSS-Sheriff Homeless Release projects served 5,789 individuals and made 3,346 connections to such public benefits as: GR, Food Stamps, SSI/SSDI, and Veteran's benefits.
- **Housing Placement:** Housing locators have assisted 485 individuals with housing placement. Through the JIR program, 194 clients identified as homeless or chronically homeless have been released to housing, transitional living or a residential program.
- **Transition to Communities:** By offering case management to all JIR clients, 504 linkages have been made to job training/placement or education. The recidivism rate of JIR participants has been 34% this past year, which is half that of the general County Jail system population (70%).

Goal 2: Reducing Homelessness

Strategy ③ Community Capacity Building

\$12,012,032

Provide 21 communities with housing development and supportive services via contracts with local housing developers and service providers.

City and Community Program (CCP) • Revolving Loan Fund

City and Community Program (CCP)

- Fifteen programs served 3,486 individuals and 722 families. The programs made **8,785 linkages to supportive services and 1,257 housing placements**. Three permanent supportive housing programs showed an average housing retention rate of 84% at six months.
- Nine capital projects were funded under the CCP. The CDC is in constant contact with all developers and set up internal tracking systems to monitor project progress. As of June 2009, the Bell Shelter project was completed to provide an additional 30 beds of transitional housing with supportive services for individuals. Loan agreements are being finalized for three capital projects. The progress of many projects has been delayed by the State budget freeze, and one project (Century Villages at Cabrillo) is awaiting State funding.

Revolving Loan Fund (RLF)

- The collapse of the capital markets in 2008 negatively affected RLF operations. The Board of Commissioners approved a plan for the Los Angeles County Housing Innovation Fund (LACHIF), which has now been restructured. Current market conditions have made it difficult to attract new investors to the Fund. CDC staff continue to market and negotiate with potential investors. Hudson Oaks, a 46-unit, affordable housing senior community in the City of Pasadena is requesting \$3.7 million from the Fund, which would be the first loan to be financed by the Fund.

Strategy ④ Regional Planning

\$3,250,000

Helping communities address homelessness in their neighborhoods through development of housing resources and service networks.

Gateway Cities Council of Government (COG) • San Gabriel Valley COG • Long Beach Homeless Veterans

- The San Gabriel Valley Council's of Government (COG) and the Gateway Cities COG are in the process of beginning phase II of their respective initiatives. Phase II will consist of overseeing the implementation of each plan. The efforts will serve to create affordable permanent housing, interim housing, homeless services, and capacity building. The County's Chief Executive Office is creating funding agreements with the COGs and/or their contracted partner to support these efforts.
- Over the next five years, San Gabriel Valley COG's Regional Homeless Service Strategy includes an objective to create 588 units of permanent supportive housing, and PATH Partners' Gateway Cities Homeless Strategy plans to create 665 permanent supportive housing units (Attachment B, p. 67).
- Long Beach Homeless Veterans served **414 veterans** this quarter. **Services included:** case

management, child support reduction, mental health care, and housing. The County CEO's Research and Evaluation Services' analysis suggested that the program offset \$1.4 million in County services after one year. During this quarter, Single Parents United N Kids (SPUNK) closed 14 child support cases for a total arrears savings of \$274,814. The City of Long Beach continued outreach efforts to homeless veterans, including ongoing referrals to the Long Beach Veterans Affairs (VA) Healthcare System HUD-Veteran Affairs Supportive Housing (VASH) Voucher program.

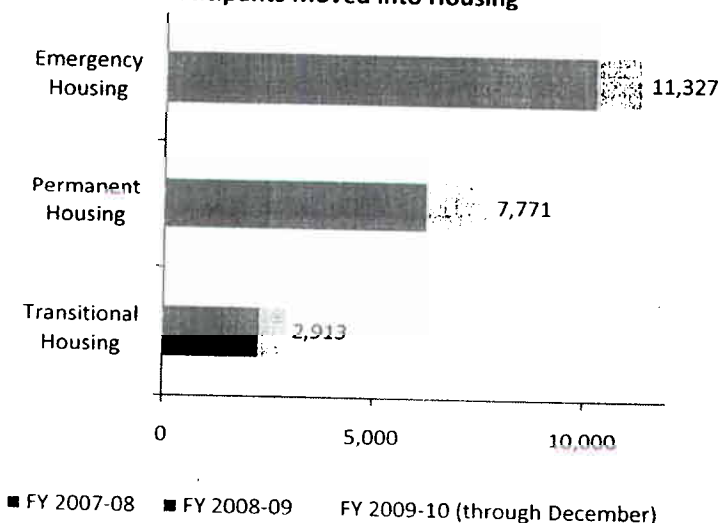
Strategy 5 Supportive Services Integration and Linkages to Housing	\$16,551,215
<i>Clients receive integrated supportive services and housing.</i>	
Case Management • Housing Locators • Multi-disciplinary Team/Access Center • Project Homeless Connect • Benefits Entitlement Services Team for the Homeless (B.E.S.T.)	

Linkages to Housing – Chart 7 shows that a total of 7,771 participants received permanent housing. Of the total categorized by population, Table 3 shows 61 percent were families, 11 percent transition age youth, and 28 percent individuals. In contrast, 83 percent of individuals received emergency/transitional housing placement. This quarter, 19 programs placed participants into temporary housing, and participants spent an average of 79 days in temporary housing prior to permanent or transitional housing. In October 2009, the Benefits Entitlement Services Team for the Homeless (B.E.S.T.) program launched. The program's first client received approval for Supplemental Security Income only after 28 days of submitting an application to the Social Security Administration.

Table 3: Housing Placement through December 2009	Emergency/Transitional		Permanent Housing	
Individuals	10,066	83%	1,995	28%
Transition Age Youth	303	2%	797	11%
Families	1,792	15%	4,431	61%
Total	12,161	100%	7,223	100%

Services not categorized by population above: 548 who were moved into permanent housing; 1,343 who were moved into transitional housing; and 736 who were placed into emergency housing.

Chart 7: HPI Participants Moved into Housing



Supportive Services Integration – Participants received supportive services in three categories: 1) employment/education, 2) benefits advocacy and enrollment assistance, and 3) health and human services.

Employment/Education Services and Support

Through December 2009, 22 HPI programs reported a total of 2,478 participants received job and/or education related supports (Table 4). Sixty percent of these participants received job training, referrals, or related resources. Participants in these programs included transition age youth, chronic homeless individuals and families on Skid Row, and participants with co-occurring disorders. As programs continue to make linkages to job and education related services and build infrastructure for data collection, these numbers have increased. By supporting the employable homeless to overcome barriers in obtaining and maintaining employment, more individuals have attained greater self-sufficiency.

Table 4: Jobs/Education	FY 2009-10	Cumulative*	Percent
Job training/referrals/resources	596	1,485	60%
Education (course, class, books)	171	558	22%
Job placement (employment)	137	435	18%
Total number of services provided:	904	2,478	100%

*Cumulative includes: FYs 2008-09 and 2009-10 through September 30, 2009.

Benefits Advocacy and Enrollment Assistance

For participants who entered programs in need of specific public benefits, 26 HPI programs reported enrolling homeless individuals and families. Table 5 shows that through December 2009, 5,087 homeless individuals were enrolled into General Relief, which consisted of 61 percent of all benefit enrollments. Eleven percent of participants were enrolled into Supplemental Security/Disability Income (SSI/SSDI), and 12 percent received Shelter Plus Care or Section 8 to secure permanent housing. This quarter, enrollments increased significantly for several benefits. The increase in number of HPI participants who enrolled into General Relief, SSI/SSDI, and Shelter Plus Care each doubled in comparison to the cumulative total last quarter.

Table 5: Benefits	FY 2009-10	Cumulative	Percent
General Relief (and Food Stamps)	831	4,348	52%
SSI/SSDI	388	925	11%
General Relief only	140	739	9%
Shelter Plus Care	253	615	7%
Medi-Cal or Medicare	217	510	6%
Food Stamps only	205	394	5%
Section 8	107	371	5%
CalWORKs	165	325	4%
Veterans	86	127	2%
Total number of benefits provided:	2,392	8,354	100%

*Cumulative includes: FYs 2008-09 and 2009-10 through September 30, 2009.

Supportive Health and Human Services

Through the first quarter of FY 2009-10, 31 programs made 33,798 linkages between participants and supportive health and human services. These programs served homeless and chronic homeless individuals, homeless families, and transition age youth. Table 6 shows 22 percent (7,514) of these HPI participants received case management, which was the most frequently reported supportive service. Followed by case management, 21 percent of linkages were for health care (7,261), and 17 percent (5,830) were for mental health care. Another nine percent of these linkages connected participants to transportation services, including bus tokens and public transportation.

With 69 percent of the homeless population having a mental illness, substance abuse problem, or AIDS/HIV-related illness,⁷ linking these individuals and families with health care, mental health care, and substance abuse services is critical. Additionally, with the Recovery Act's Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds, the County has expanded services to assist families and individuals with credit repair, legal assistance, and money management. In a 2009 HPI survey, providers also indicated interest in improving access to child care, law enforcement, and employment support.

Twenty-eight programs reported providing case management services, and 17 programs selected the most intense level of case management. The HPI Report Form asked about the level of case management provided, with level one assessing the client and level three assisting with supported referrals and counseling.⁸ Hours provided to each participant per month ranged from 45 minutes to 493 hours (average of 77 hours) with an average caseload of 30 cases per case manager.

Table 6: Supportive Services	FYs 2008-09 and 2009-10 (through December)	Percent	FY 2007-08*
Case management	7,514	22%	2,257
Health care	7,261	21%	183
Mental health care	5,830	17%	615
Transportation	3,178	9%	182
Life skills	2,872	8%	676
Alternative court	1,739	5%	286
Resident rights/responsibilities	1,299	4%	-
Substance abuse treatment	966	3%	130
Social/community activity	987	3%	51
Food vouchers/food	898	3%	414
Recuperative care	537	2%	45
Other**	323	1%	5
Clothing/hygiene	230	1%	80
Legal services	164	1%	15
Total number of services provided to participants:	33,798	100%	4,939

* For FY 2007-08, this report includes LAHSA contracted programs that provided referrals to mental health care (including domestic violence counseling) and substance abuse treatment.

**Other services include: auto insurance, driver's license release, identification card, and credit repair.

⁷ LAHSA 2009 Greater Los Angeles Homeless Count.

⁸ Post PA. Developing Outcome Measures to Evaluate Health Care for the Homeless Services. National Health Care for the Homeless Council. May 2005.

Strategy 6 Innovative Program Design

\$19,540,379

Provides access to housing and services for the most vulnerable, including chronic homeless individuals and families on Skid Row, individuals with co-occurring disorders, and homeless individuals with outstanding warrants.

Project 50 • Santa Monica Service Registry • Skid Row Families Demonstration Project • Homeless Courts • Housing Resource Center

INNOVATIVE PROGRAM OUTCOMES**Housing First Models**

- **Housing stability:** On average, *Housing First* models showed a successful 90 percent housing retention rate for individuals and families in permanent housing for six or more months. Housing First programs include: Project 50, Skid Row Families Demonstration Project, and the Santa Monica Service Registry.
- **Increased income:** After one year, Project 50 participants showed a 56 percent increase in benefits since enrollment.
- **Improvement in overall health and well-being:** At the end of one year, Project 50 participants spent significantly fewer days in ERs, hospitals, and jails with considerable cost savings for the County.

Homeless Courts

- **Pathways to self-sufficiency:** Ninety-three percent of Homeless Court participants had their warrants or citations dismissed, and they have been able to move forward by securing employment, reconnecting with their families, and planning for their future.

Los Angeles County Housing Resource Center (LACHRC)

- **Information sharing:** Over 4 million searches for housing listings have been conducted online.

The HPI Report Form requested for programs to report on three outcome areas for participants receiving services for 6, 12 and 18 months. The three outcome areas were: 1) housing stability, 2) education and employment status, and 3) health and well-being. Seventeen programs that served chronic homeless individuals, transition age youth, and homeless individuals and families reported on these longer-term outcome areas.

Point in time outcomes for this past quarter at 6, 12, or 18 months post enrollment:

- **Housing stability:** A total of 1,818 participants continued to live in permanent housing and 1,463 continued to receive rental subsidies.
- **Employment/education:** A total of 140 participants obtained employment, 194 maintained employment, and 159 enrolled in an educational program.
- **Health and well-being:** The following number of participants continued to receive these services for six months or more: 2,700-case management; 5,101-health care; 1,325-mental health services; and 296-substance abuse treatment.

A brief description of each innovative program:

- **Project 50** – The project is a successful collaboration that includes over 24 government and non-profit agencies. Based on Common Ground's *Street to Home* strategy, Project 50 integrates housing and supportive services for vulnerable, chronic homeless individuals living near downtown Los Angeles on Skid Row. A year after its launch, the pilot successfully moved 50 vulnerable, chronic homeless individuals off of Skid Row with an impressive housing retention rate of 86 percent. Moreover, significant decreases in hospitalizations and emergency room visits indicate improved health and behavioral health outcomes. In addition to improving the quality of life for these 50 individuals, estimates show considerable cost savings as a result of fewer days spent in ERs, hospitals, and jails.
- **Skid Row Families Demonstration Project** – A total of 241 families have been placed into permanent housing. Of these families, 93 percent have successfully maintained permanent housing for six or more months (221 have maintained their permanent housing for 12 months or more, and three families have maintained permanent housing for seven to 12 months). For the first six months in permanent housing, families are offered home-based case management. Consistent contact has enabled the Housing First Case Managers to develop positive relationships based on trust. Case management has included linking families to various supportive services, including: community resources, mental health referrals, school referrals, job training referrals, money management, and financial planning. After six months of home-based case management to help families stabilize, the majority of families received follow-up phone calls to ensure they are doing well and are not in crisis.
- **Homeless Courts** – A total of 1,609 individuals have had their warrants or citations dismissed as a result of successful completion of mental health and/or substance abuse treatment requirements of the Los Angeles County Homeless Court and Santa Monica Homeless Community Court. In addition, 12 individuals have graduated from the Co-Occurring Disorders Court to have charges dismissed. As a result of having outstanding warrants, citations, or charges resolved, these individuals have been able to move forward by securing employment, reconnecting with their families, and planning for their future. For example, one participant obtained his GED, became a certified cook and hopes of owning his own restaurant. Another participant said that the program has changed his life by helping him achieve sobriety for over 17 months and reunite with his family.
- **Los Angeles County Housing Resource Center (LACHRC)** – The online database provides information on housing listings for public users, housing locators, and caseworkers. Over 4 million searches have been conducted by users to receive listings. The LACHRC is an excellent example of using technology to make information more accessible, and clients are very grateful for this service. In October 2009, the LACHRC added a pre-screening feature to determine HPRP program eligibility and further improve system navigation for clients.

IV. PROGRAM NARRATIVE (included in Attachment B)

Each quarter, programs provide information on successes, challenges, and action plans. A review has identified four common themes in implementing strategies to reduce homelessness: collaborative partnerships, innovative processes, outreach strategies, and leveraged funds.

Client Success Stories

This quarter, three featured stories of City and Community Program participants illustrate the life-changing impact of compassionate case management and permanent supportive housing.

Veteran received assistance from OPCC HEARTH and moved into his own apartment

Client J, a 62-year-old veteran, had been chronically homeless for 20 years due to financial issues and mental illness. At the beginning of 2009, he was connected to OPCC Project HEARTH case management and primary health care. Initially he was resistant to housing, and staff worked diligently, encouraging him to access available resources. After accepting much support through OPCC Project HEARTH, the client entered the VASH Program, a federal housing program for homeless veterans. He received his VASH housing voucher in December 2009 after months of waiting and located an apartment in Santa Monica. He moved into his first apartment in January 2010, after living two decades on the street.

Homes for Life Foundation (HFLF) – Vanowen Apartment tenant gained stability and independence

Client L is currently a tenant of HFLF, Vanowen Apartments. Before L occupied the apartment, he had his share of tumultuous events that included incarceration, physical injury, mental health struggles and other challenges. The client recalled that he was on the waiting list for HFLF for over three years. During that time, he was in several transitional living programs, which provided him with a warm safe place to sleep, but he felt that he was not living up to his potential in those environments. When he was accepted to HFLF, he was a bit overwhelmed, but after just three months in the apartments he felt that he had a new sense of purpose. Currently, the client is thriving at the HFLF Vanowen Apartments. He regularly accesses the services provided at the wellness center next door. He volunteers on a regular basis at a retirement home close to the apartments. He has taken job skills classes as well as held a part-time job. The client also made a large commitment to finding a creative outlet, by continually writing music, poetry and shorts stories which he reads with great pride to other residents and staff. The client sees the apartment as a community. He invites people over for dinner and takes great interest and care with all the residents. Client L is a great example of how an individual in the right environment can be inspired to better their life. In closing, here is a quote from Client L. When asked what the HFLF apartments meant to him, he stated "HFLF does not guarantee I will not slip back into my mental illness, but it does give me the best chance of succeeding in all that I want to do with my life. I could not ask for a more supportive and caring place to live."

Special Service for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program supported client towards self-sufficiency

A middle-aged client is a testament to the current economic downfall. The client found herself homeless after not only being laid off, but also because her landlord sold the property in which she was living in without providing proper notice. The client immediately began receiving supportive services once admitted into the program. However, she was unsure of being placed in a shared living space through a transitional housing partner. The client insisted on finding temporary shelter elsewhere. She slept in her car, with friends and family, and she would pay for a hotel with her unemployment earnings. While in the program, she referred a friend to the transitional housing component, and her friend began saving her money. Soon after she noticed her friend's progress toward financial and housing security, the client agreed to be placed with a housing partner Community Minded Business. Approximately 45 days after being in transitional housing, the client was able to regain stability by securing employment, adhering to a savings plan, securing a new permanent residence, and creating an emergency savings deposit to prevent future unexpected financial crisis. Through her determination and recognition of the program's benefits, the client successfully took steps to change her life.

V. UPDATES ON COUNTY HOMELESS COORDINATION

OpenMRS-LA Project

Currently, it is estimated that 3,802 homeless people live in the 52-block-neighborhood of Downtown Los Angeles.⁹ Coordinated services would ensure that individuals receive the appropriate level of care and that they do not receive duplicate services by multiple agencies. To improve coordination of care and treatment, the health and social services agencies in the area formed the Skid Row Homeless Healthcare Initiative. The Initiative determined that an electronic database for sharing information about encounters and providers would improve coordination of care to benefit individuals using the system as well as the overall population. The JWCH Institute, Inc. (JWCH Institute) applied for and received funding from LA Care's Robert E. Tranquada, MD Health Care Safety Net Award to establish an electronic system for sharing patient information. OpenMRS, an open source electronic medical record system framework, was selected by the JWCH Institute as the platform. A customized implementation, "OpenMRS-LA," was launched as the electronic system that would be used by multiple agencies and providers to track and manage medical, mental health and patient/client encounter information.

On February 16, 2010, the County Board of Supervisors approved the OpenMRS-LA Memorandum of Understanding (MOU). The MOU allows participating departments to enhance the care and treatment provided to individuals of the Skid Row area by providing legally permissible access to the OpenMRS-LA database. The database is a collective repository of client service information to enhance the level of treatment and coordination of care. This action authorized the CEO and the Directors of the DHS, DMH, and DPH to enter into a MOU with the JWCH Institute to participate in the OpenMRS-LA Project of the Skid Row Homeless Health Care Initiative. As a result, the participating departments can legally access and input information regarding the health, housing, and other social services provided to individuals in the Skid Row area of Downtown Los Angeles.

Strengthening County Homeless Coordination

On November 17, 2009, the County Board of Supervisors passed a motion instructing the CEO, with assistance from DCFS, DHS, DMH, DPSS, the CDC, and LAHSA, to develop recommendations on how to strengthen the CEO's ability to oversee, coordinate and integrate Countywide homeless service delivery so that homeless individuals and families can more successfully find safe and permanent housing. In response, a CEO report to the Board on January 4, 2010 made three main recommendations to strengthen the County's homeless strategy: 1) leverage funds to maximize resources; 2) coordinate a regional approach among partners; and 3) address cost avoidance.

Significant progress has been made to develop collaborative working partnerships with multiple public and private agencies and philanthropic organizations. It is the County's intent to work with the SNHA to put together an action plan with a timeline that would continue to align resources, while at the same time not increase Net County Cost (NCC) and maximize resources to serve homeless individuals and families. The CEO will continue to develop partnerships with cities and communities throughout the County to create regional solutions to address homelessness. Monthly Board briefings and homeless coordination meetings include staff from Board offices, County departments, LAHSA, CDC, and several cities to provide updates on the HPI budget and programs. The forum is an opportunity to discuss various homeless issues. Each of these efforts and the Board's continued investment will ensure that the initiative to reduce homelessness in Los Angeles is successful.

⁹ LAHSA 2009 Greater Los Angeles Homeless Count.

VI. Acknowledgements

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<i>Century Villages at Cabrillo</i>	Brian D'Andrea Aaron Wooler
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<i>Special Service for Groups (SSG)</i>	Cheryl Branch Tonia Johnson (HOPICS) Carlos Moran
<i>Step Up on Second</i>	Aaron Criswell Tod Lipka
<i>Superior Court of California (County of Los Angeles)</i>	Jessica Delgadillo Ken Kallman Saida Lopez
<i>Tri Cities Mental Health</i>	Gilbert Saldate
<i>Union Rescue Mission</i>	Jessica Brown-Mason Sara Farnsworth Carrie Gatlin Bert Paras
<i>Volunteers of America of Los Angeles</i>	Jim Howat Veronica Lara Alma Martinez
<i>Women's and Children's Crisis Center</i>	Dolores Salamea

Table of Homeless Prevention Initiative (HPI) Programs

Attachment B

Program Families (I)		Indicator (to date)		Target	Funding	Budget
3	1	Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	8,483 families received eviction prevention to prevent homelessness	2,079	One-Time	\$500,000
1	2	Moving Assistance for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families	4,347 families received moving assistance and permanent housing	1,305 450	One-Time	\$1,300,000
1	3	Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	211 families received rental subsidies to prevent homelessness	1,475	One-Time	\$4,500,000
5	4	Housing Locators	573 families placed into permanent housing	n/a	DPSS	\$1,930,000
6	5	Skid Row Families Demonstration Project	241 families placed into permanent housing	300	Board Approved	\$9,212,000
8	5	Multi-disciplinary Team Serving Families Transition Age Youth (II)	283 families received case management services	n/a	Ongoing	\$494,000
10	1	Moving Assistance/Rental Subsidies for TAY – DCFS	494 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
10	1	Moving Assistance/Rental Subsidies for TAY – Probation	366 TAY received rental subsidies	335 3yr	One-Time	\$1,750,000
12	2	Access to Housing for Health (AHH)	84 clients placed into permanent housing 90% decrease in inpatient days; 83% in ER visits	115 cap	Board Approved	\$3,000,000
14	5	Benefits Entitlement Services Team for the Homeless (B.E.S.T.)	82 individuals received case management	Individuals	One-Time	\$2,000,000
15	6	Center for Community Health Downtown Los Angeles	3,744 individuals received health/mental health care	n/a	Ongoing	*\$186,000
16	5	Co-Occurring Disorders Court	53 individuals placed into transitional housing	n/a	Ongoing	\$200,000
18	2	DPSS General Relief Housing Subsidy & Case Management Project	3,040 homeless GR participants received housing subsidies for housing placement	900 time	Ongoing	\$4,052,000
20	2	DPSS-DHS Homeless Release Project	441 potentially homeless participants received benefits	n/a	Ongoing	\$588,000
20	2	DPSS-Sheriff's Homeless Release Project	3,150 potentially homeless individuals received benefits	n/a	Ongoing	\$1,171,000
21	5	Homeless Recuperative Care Beds (DHS)	424 individuals were served through this program 71% decrease in hospitalizations; 30% in ER visits	490/2yr	One-Time	\$2,489,000
23	2	Housing Specialists (most clients are individuals)	711 placed into permanent housing	n/a	DMH MHSA	\$923,000
24	4	Just In-Reach Program	206 individuals received public benefits	Individuals 400/2 yr	One-Time	\$1,500,000
27	6	Long Beach Services for Homeless Veterans (mostly individuals)	191 veterans received case management services	n/a	Ongoing	\$500,000
30	1	Los Angeles County Homeless Court Program	1,491 individuals with citations or warrants dismissed	n/a	Ongoing	\$379,000
32	6	Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program	332 single adults received moving assistance to prevent homelessness	until 2,000	One-Time	\$1,100,000
33	6	Project 50	58 chronically homeless placed into permanent housing	50	One-Time	\$3,600,000
35	6	Santa Monica Homeless Community Court	118 individuals with citations or warrants dismissed	90	Board Approved	\$571,000

Table of Homeless Prevention Initiative (HPI) Programs

Attachment B

Program	Indicator (to date)	Target	Funding	Budget
37 6 24. Santa Monica Service Registry (programs a and b)	74 chronic homeless individuals have participated	n/a	3 rd District	\$1,178,000
41 6 Multiple Populations (IV)				
25. Los Angeles County Housing Resource Center	Over 4 million housing searches conducted	n/a	Ongoing	\$202,000
42 5 26. LAHSA contracted programs	7,745 placements into housing	n/a	One-Time	\$1,735,000
42 5 27. PATH Achieve Glendale (families and individuals)	242 placements into permanent housing	n/a	One-time	\$150,000
44 3 28. Pre-Development Revolving Loan	Restructuring occurred in January 2010	n/a	One-Time	\$20,000,000
45 5 29. Project Homeless Connect		n/a	One-Time	\$45,000
46 3 30. City and Community Program - CCP (V)	In December, 2,065 households connected to services	Multiple	One-Time	\$32,000,000
69 4 31a. San Gabriel Valley Council of Governments - COGs (VI)	\$11.6 m capital, \$20.6 m City Community Programs	n/a	Ongoing	\$200,000
69 4 31b. Gateway Cities Homeless Strategy	Final report completed in March 2009	n/a	Ongoing	\$135,000
HPI Funding Total (excludes Board approved operational support (FY 2006-07), administrative and evaluation costs)				\$99,340,000
*Ongoing costs expected to be \$76,000				

46 3 City and Community Program (CCP) Funds

	Service (\$)	Capital (\$)
A Community of Friends – Permanent Supportive Housing Program	\$1,800,000	
Beyond Shelter Housing Dev. Corp. – Mason Court Apartments		\$680,872
Catalyst Foundation for AIDS Awareness and Care – Expansional Supportive Services Antelope Valley	1,800,000	
Century Villages at Caballo, Inc. – Family Shelter EHAP I & II		1,900,000
City of Pasadena – Nehemiah Court Apartments		102,685
City of Pomona – Community Engagement & Regional Capacity Building	1,239,276	858,587
City of Pomona – Integrated Housing & Outreach Program	913,975	
CLARE Foundation, Inc. – 844 Pico Blvd., Women's Recovery Center		2,050,000
Cloudbreak Compton LLC – Compton Vets Services Center	322,493	1,381,086
Homes for Life Foundation – HFL Vanowen	369,155	369,155
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley	900,000	
Nat'l Mental Health Assoc. of Greater L.A. – Self Sufficiency Project for Homeless Adults and TAY Long Beach	1,340,047	
Ocean Park Community Center (OPCC) – HEARTH	1,200,000	
Skid Row Housing Trust – Skid Row Collaborative 2 (SRC2)	1,800,000	
So. California Housing Development Corp. of L.A. – 105 th and Normandie	200,000	600,000
So. California Alcohol & Drug Programs, Inc. (SCADP) – Homeless Co-Occurring Disorders Program	1,679,472	
Special Service for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program	1,800,000	
The Salvation Army – Bell Shelter Step Up Program		500,000
Union Rescue Mission – Hope Gardens Family Center		756,580
Volunteers of America of Los Angeles – Strengthening Families		1,096,930
Women's and Children's Crisis Shelter	1,000,000	
Total for Service and Capital	\$18,620,613	\$3,986,189
Grand Total for CCP*	\$27,606,802	

*Actual total of \$32 million includes administrative costs.

For this report, unless specified: Fiscal Year (FY) refers to the first and second quarters of FY 2009-10 (July 1, 2009 – December 31, 2009). Cumulative refers to the number of clients served to date. Note: complete demographic information may not have been provided.

I. PROGRAMS FOR FAMILIES

1, 2, 3) DPSS Programs: Moving Assistance, Eviction Prevention, and Rental Subsidy

Goal: Assist families to move into and/or secure permanent housing.

Budget: (One-Time Funding)

1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families (EAPE)	\$500,000
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	\$1,300,000
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	\$4,500,000

Table A.1: DPSS Services for Families by Program
FY 2009-10, through December 31, 2009

Program (unduplicated count)	FY	Cumulative
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	2,467 received eviction prevention	8,483 received eviction prevention
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	993 received moving assistance and permanent housing	4,347 received moving assistance and permanent housing
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	Program ended in FY 2008-09.	211 received rental subsidies for permanent housing

Table A.2: DPSS Measures by Program
FY 2009-10, through December 31, 2009

Program (unduplicated count)	Number of applications received		Percent of applications approved		Average amount of grant	
	FY	To date	FY	To date	FY	FY 08-09
1) Emergency Assistance to Prevent Eviction for CalWORKs Non-Welfare-to-Work Homeless Families	3,367	12,370	73%	69%	\$691	\$649
2) Moving Assistance for CalWORKs Non- Welfare-to-Work and Non-CalWORKs Homeless Families	1,205	6,127	82%	71%	\$843	\$821
3) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families	137	215	96%	99%	-	\$427

Each program reported an average of three business days to approve an application.

January - December 2009	Moving Assistance	Rental Subsidy	Emergency Assistance
Homeless/At-Risk Families	1,758	58	4,174
Female	3,200	105	7,396
Male	2,136	91	5,705
Hispanic	2,053	85	7,592
African American	2,948	81	4,801
White	131	23	360
Asian/Pacific Islander	83	2	141
Native American	6	2	9
Other	115	3	198
15 and below	3,344	121	5,008
16-24	534	11	915
25-49	1,451	64	1,897
50+	7	-	9

1) Moving Assistance (MA) for CalWORKs Non-Welfare-to-Work and Non-CalWORKs Homeless Families

Successes: During this past quarter through the MA program, a total of 444 families received financial assistance to secure permanent housing and/or received assistance for one or more of the following: a) utility turn-on fees; b) truck rental; and c) appliance purchases (stove and/or refrigerator).

Challenges: Finding safe and affordable housing is a big challenge for low-income families in Los Angeles County.

Action Plan: Utilize and promote the use of websites such as the Los Angeles County Housing Resource Center to assist families in locating safe and affordable housing.

Client Success Story: With the financial assistance received through the MA program, a mother was able to secure permanent housing for herself and her daughter. Now that the family has resolved the housing issue, the mother is focusing on job search and education.

2) Rental Subsidy for CalWORKs and Non-CalWORKs Homeless Families

Successes: This program has provided rental subsidy assistance to 58 families for this quarter.

Challenges: Due to budget constraints, this program was terminated for new program applicants effective February 28, 2009.

Action Plan: The action plan is to continue assisting families that were approved prior to the termination of this program (2/28/09).

Client Success Story: A CalWORKs family who became homeless due to a domestic violence situation accessed GAIN supportive services after resolving a CalWORKs program sanction with the assistance of the participant's HCM. The participant found permanent housing from a listing the HCM provided to her from the Socialserve.com/restricted area search. The participant qualified for Permanent Homeless Assistance, Moving Assistance and the 12 Month Rental Subsidy Program. Through the collaborative efforts of the DPSS HCM, the Housing Resources Eligibility Unit, GAIN and LAHSA (shelter), this family was able to move from a DV shelter into permanent housing.

3) Emergency Assistance to Prevent Eviction (EAPE) for CalWORKs Non-Welfare-to-Work Homeless Families

Successes: Through the EAPE program, a total of 1,273 families at-risk of homelessness received assistance to maintain their current housing and/or maintain their utility services this quarter.

Challenges: Due to the high volume of applications for EAPE, funding is always a challenge.

Action Plan: DPSS continues to evaluate families requesting assistance with past-due rent and/or utilities for the State-approved Homeless Assistance Arrearages Payment program in order to spend less HPI funds for EAPE.

4) Housing Locators - DPSS

Goal: Assist families to locate and secure permanent housing.

Budget: \$1.93 million (DPSS CalWORKs funding)

Table A.3: Housing Locators Measures
FY 2008-09, through December 31, 2008

(unduplicated count)	FY	Cumulative
Homeless Families	471	1,685
Housing (permanent)	210	573
Number of referrals to Program	471	1,685
Average time to place family (days)	60-180	60-180

Successes: Through the assistance of the Housing Locators, 210 families were placed into permanent housing during October-November 2008. No placements were made in December 2008.

Challenges: Due to budget constraints, the Housing Locators contract has been officially terminated effective December 15, 2008. Referrals to the Housing Locators program ended effective October 15, 2008.

Action Plan: The Housing Locator's program contract was terminated effective December 15, 2008.

5) Skid Row Families Demonstration Project

Goal: Locate 300 families outside of Skid Row and into permanent housing.

Budget: \$9.212 million (Board Approved Funding)

Table A.4: Skid Row Families Demonstration Project Participants and Services
FY 2009-10, through December 31, 2009

(unduplicated clients)	Cumulative (3/31/09)		Cumulative
Homeless Families (individuals)	300 1,084	Moving assistance	175
Female	273	Eviction prevention	40
Male	27	Housing (emergency/transitional)	300
		Housing (permanent)	241
		Rental subsidy	33
Hispanic	68		
African American	187	Education	15
White	12	Job training/referrals	65
Asian/Pacific Islander	3	Job placement	14
Native American	-	Section 8	77
Other	30		
		Case management	275
15 and below	619	Life skills	456
16-24	80	Mental health/counseling	53
25-49	295	Transportation	224
50+	15	Food vouchers	390
		Clothing	18
Program Specific Measures			Cumulative
Number of families enrolled in project	300		300
Number of families relocated from Skid Row area within 24 hours	-		-
Number of families placed into short-term emergency housing	-		300
Number of adults who received referrals to community-based resources and services	386		420
Number of children who received intervention and services	679		850
Number of families who received monitoring/follow up after 6 months case management	353		64
Number of families no longer enrolled (termination or dropped out of program)	59		50
Number of families who received an eviction notice during the last 3 months	30		-
Number of families who lost their permanent housing during the last 3 months	6		-
Emergency Housing/Case Management			Quarter
Average length of stay in emergency housing:			-
Most frequent destination (permanent housing):			-
Case management (level 2)			-
Average number of case management hours for each participant per month:		116 hours	
Total case management hours for all participants during current reporting period:		348 hours	
Number of cases per manager:		3 cases	
Longer-term Outcomes		6 mo	12 mo
Continuing to live in housing	3		221
Obtained employment	34		
Maintained employment	55		
Enrolled in education program/school	42		
Completed high school/GED	4		
Case management	224		
Mental health	50		
Substance abuse treatment (residential)	5		
Reunited with family	176		

Additional measures to be provided after close of program:

- Gainful employment - (Number of individuals who obtained employment)
- Access to appropriate and necessary mental health or substance abuse treatment - (Number of individuals who received mental health services, Number of individuals who received substance abuse treatment)
- Educational stability for children - (Number of children)
- Socialization/recreational stability for children - (Number of children)
- Services to assist domestic violence victims - (Number who received domestic violence services/counseling)

Successes: A total of 300 families were referred by the Skid Row Assessment Team to Beyond Shelter and the Skid Row Families Demonstration Project. Beyond Shelter placed 241 of 300 participant families into permanent housing, primarily with the assistance of a Housing Authority of the City of Los Angeles (HACLA) Section 8 subsidy. The majority of these families have remained in permanent housing for at least 12 months. As of December 31, 2009, 221 families have successfully completed 12 months in permanent housing. During the current reporting quarter, seven families completed 12 months and three families completed 7 to 12 months. Only seven families have reported to Beyond Shelter that they were evicted from their apartments and have returned to homelessness. Each incidence of eviction was a result of a crisis, including mental health issues, substance abuse, or domestic violence. A total of 59 of 300 families were terminated from the program for non-compliance or loss of contact, prior to a move into permanent housing.

The current focus of the Skid Row Families Demonstration Project remains on assisting families with stabilizing in permanent housing. Presently, there are three active cases at the end of the second quarter and case managers have continued to provide specialized, individualized, and intensive support for each family. With most of the families now closed or terminated from the program, the case manager's task has been to provide support to previous clients returning for assistance with public social services, childcare referrals and community resources such as food banks. Former participants have also needed guidance regarding available resources for employment, including at least one client who Beyond Shelter was able to link with the Transitional Subsidized Employment program (TSE) through the Department of Public Social Services (DPSS). With support of their former case managers, this quarter several families were assisted with the HACLA annual recertification process. These families needed assistance to the extent that they may have lost their Section 8 vouchers without direct and specific guidance through the process.

Challenges: HACLA recently began sending notices to many successfully housed clients indicating that their Section 8 voucher will be re-issued to them for a smaller-sized unit, unless they opt to remain in their current unit and pay the higher tenant portion of rent. The higher portion of rent can increase to as much as triple the amount of rent the family is able to pay. If a family were to remain in their current unit, they would not be able to afford the rent and would certainly be evicted and, quite probably, become homeless again. Approximately 79 of the 241 families who moved to permanent housing will receive notice of a change in the formula during recertification this year and will be required to relocate. The majority of these families faced many barriers to permanent housing when they entered the Skid Row Families Demonstration Project, and will experience similar barriers to obtaining subsequent housing even if they do accept the "down-sized" Section 8 voucher. Barriers to housing that these families face include: multiple past evictions, poor credit, poor negotiating skills, and poor landlord references. Furthermore, their current landlords legally have 21 days to return their security deposits, less cleaning costs and any damages incurred beyond normal wear and tear to the apartment. Move-in costs will inevitably become a barrier to relocation. Without housing counseling or a housing relocation specialist to assist them, they will have difficulty locating property owners who accept Section 8 vouchers, and they will have a difficult time negotiating their leases.

If forced to relocate, Beyond Shelter anticipates that many of these families will be unable to utilize their Section 8 vouchers, will have them expire, and will ultimately become homeless again. These families are in need of help, but unfortunately the Skid Row Families Demonstration Project contract has ended and Beyond Shelter is not currently staffed to fully assist them with the relocation process.

Action plan: Beyond Shelter case managers operating under other government contracts are providing support to at least four former clients who have contacted Beyond Shelter regarding their HACLA voucher re-issuance. At this time, the support consists mainly of guiding them to respond to all HACLA correspondence, so that they are not automatically terminated for failure to respond. Because many of the Skid Row families are extremely dysfunctional, even the simplest steps in the Section 8 recertification process are difficult to follow; most must be provided with clear and concise guidance. Case managers have helped them understand what they are reading, and have directed them on how to respond to HACLA immediately. They have also referred clients to Legal Aid to keep them informed of the legal process. Additionally, case managers are referring families to their local L.A. City Homeless Prevention and Rapid Re-housing (HPRP) programs to determine their eligibility for homeless prevention financial assistance, which could potentially provide relocation assistance. With the help of a Housing Specialist,

however, to find landlords willing to participate in the Section 8 Program and willing to rent apartment units to families with prior evictions, poor credit, and histories of homelessness, it is anticipated that the majority of these families will lose their Section 8 vouchers and become homeless again.

Client Success Story: Client D is a 54-year-old African American male, with custody of his five-year-old grandson. His grandson's mother has been incarcerated since her son's birth, and his father was murdered. Prior to this episode of homelessness, Client D was very successful; he completed high school, took college courses in psychology, and worked over 15 years in social services. Client D and his grandson became homeless after things did not work out between him and his girlfriend, and they were asked to leave the apartment they shared. They moved from family and friends to motels, but his main concern was establishing a stable environment for his grandson. Through DPSS, they were placed in a motel but eventually that assistance was exhausted. Desperate, and living in the streets, D sought assistance in Skid Row. They were enrolled into the Skid Row Families Demonstration Project in July 2007 and were immediately placed into a motel. At the time of their arrival, the family's service needs intensity level was assessed at high intensity due to D being a single grandfather with a child under 12.

The family was soon moved into a master-leased apartment (MLA), which provided them with a stable home environment. Client D was assisted with the Section 8 Housing Choice Voucher application with HACLA and was provided tenant education. Prior to moving into permanent housing, the family's service needs were re-assessed to low intensity due to the stability they achieved while living at the MLA. Utilizing their Section 8 voucher, and with guidance from a Housing Relocation Specialist, Client D signed a lease with the property owner and converted his one-bedroom MLA to permanent housing in May 2008.

Client D's main motivation for finding permanent housing has been to provide a safe home for his grandson. The client battles with high blood pressure, kidney problems, and severe arthritis and receives regular medical treatment. Although his ailments are difficult to deal at times, the client provides his grandson with a safe and loving environment, and constant stimulating and educational activities. His grandson began school last fall and is thriving in his new environment. Beyond Shelter provided guidance and assistance with the SSI application for the client to receive state disability benefits for his medical conditions, and after approximately one year, he was approved to receive SSI benefits.

6) Multi-Disciplinary Team Serving Families

Budget: \$494,000 (Ongoing Funding)

Table E.5: Multi-Disciplinary Team
FY 2009-10, through December 31, 2009

(unduplicated clients)	FY	FY
Homeless Families	174	15 and below
(individuals)	521	16-24
		25-49
Female	312	50+
Male	209	
Hispanic	132	Housing (transitional)
African American	375	Housing (permanent)
White	42	Moving assistance
Asian/Pacific Islander	6	CalWORKs
Native American	3	
Other	12	Case management
		Health care
		Mental health care
		Transportation
Case management (level 2)		
Average number of case management hours for each participant per month:		3 hours
Total case management hours for all participants during current reporting period:		1,467 hours
Number of cases per manager:		16 cases

The Skid Row Assessment Team (SRAT) originated as a result of a Board motion in December 2004. It is a collaborative between the County departments of Children and Family Services (DCFS), Public Social

Services (DPSS), Mental Health (DMH), and Public Health (DPH). On July 1, 2009 the SRAT moved into the Family Assessment Center located at the Center for Community Health Downtown Los Angeles. The SRAT is committed to attaining the goals of assuring child safety, providing ongoing case management and enforcing the zero tolerance goal for families on Skid Row. The SRAT is excited about the new opportunities that have been identified during the collaboration between County departments and the community agencies that will assist Skid Row families in the care and protection of children.

Successes: The total number of new families served by the Skid Row Assessment Team (SRAT) this quarter is 79. The total number of families relocated from Skid Row is 45. Improved collaboration between the missions, the LAHSA and the SRAT resulted in 34 of those families being placed in the month of December. During this quarter, a large number of services were provided successfully to the homeless families. Thirteen families were approved and issued Homeless Assistance through DPSS, 98 health assessments were provided through DPH, 103 clients were referred for clinical assessments through DMH, and 91 families received an assessment for child safety with DCFS with 11 of the families receiving referrals for Family Preservation or Family Support services.

Challenges: The Case Managers working with the homeless families from the SRAT and the missions continue to be faced with numerous challenges when working with the families to locate permanent housing, a transitional housing facility and/or another emergency shelter outside of the Skid Row area. The biggest challenge, the majority of families are dependent on CaWORKs for income and the availability of low-income housing and/or subsidized housing remains meager. The second biggest challenge for the team is locating vacancies for shelter and/or transitional housing within the existing Los Angeles Continuum of Care.

Action Plan: The SRAT is initiating a new pilot. Specifically, the pilot will assist the SRAT to be proactive in conducting outreach to the agencies that make up the Los Angeles Continuum of Care. Two members of the SRAT have been selected to go out in the community to various shelters and property owners across the county to advocate for placement in the transitional housing facilities as well as permanent and stable housing. The pilot will create a new opportunity to build relationships and develop new resources for the homeless families in Skid Row.

Client Success Story: The B family consists of a mother, father, six children and a grandchild. The family is from Tijuana, Mexico, but has been in California for the past 20 years. Both parents are undocumented. As reported by the family, they have no family/friend support. The mother has never worked and the father recycles goods to receive income. The family receives \$694 in CaWORKs, \$902 in Food Stamps, Medi-Cal and Women, Infants, and Children (WIC) assistance.

The family was referred to the Union Rescue Mission (URM) in August 2009 by 211 LACounty. The family reported this was their first episode of homelessness, and they had a temporary stay in Oklahoma while caring for their eldest daughter who is ill. Upon their arrival back to California, the family reported they found shelter by staying in a garage. In efforts to assist this family, a special family meeting was conducted (involving SRAT members, the District Homeless Case Manager (HCM), and the URM Case Manager to discuss issues regarding the best education alternative plan for the 18 year-old daughter and to determine her eligibility for DPSS financial assistance on behalf of her young child. To assist the young teen parent, the SRAT HCM contacted Roosevelt High School and spoke with the counselor to obtain school verification. In addition, the teen mother was referred to the Second Step Program at the URM for single women, which would provide her more training and support as a young mother. When the family came to the Leavey Center to inquire about the Permanent Housing Assistance through DPSS, the Eligibility Worker (EW) reviewed the case and found that the funds had been approved but were not issued to the Electronic Benefit Transaction card. The EW made the necessary contact with the District Office and the funds became available to the family within an hour. The family later applied for and received Moving Assistance. In October, the family reported they had found an apartment but experienced difficulties in renting the unit. The difficulties included language barriers, family size and the need for move-in funds. With the assistance of the SRAT and URM Case Managers, all of these barriers were overcome. While the apartment manager presented concerns about renting to this family, the supporting team members from the SRAT and URM successfully assisted the family in working with the apartment manager. As a result, the family moved into their own apartment in November 2009.

II. PROGRAMS FOR TRANSITION AGE YOUTH

7 and 8) Moving Assistance for Transition Age Youth

Goal: Assist Transition Age Youth (TAY) to move into and secure permanent housing.

Budget: \$3.5 million (One-Time Funding)

Table B.1: Moving Assistance for Transition Age Youth Participants
FY 2009-10, through December 31, 2009

	Total	Probation		DCFS	
		FY	Cumulative	FY	Cumulative
Transition Age Youth	876 (100%)	53 *(new)	411	115 *(new)	**549
Female	508 (56%)	19	169	87	339
Male	378 (44%)	34	242	28	136
Hispanic	216 (24%)	11	105	24	111
African American	616 (70%)	42	290	81	326
White	36 (5%)	-	10	10	26
Asian/Pacific Islander	6 (1%)	-	6	-	-
Native American/Other	-	-	-	-	-
16-24	876 (100%)	53	443	115	475

* During the First Quarter of FY 2009-10, 62 new TAY were enrolled; 179 TAY continued to participate.

**FY 2008-09 total was 360. FY 2007-08 DCFS demographic participant data was duplicative (duplicated total 464); cumulative demographic information includes FYs 2008-09 and 2009-10.

Table B.2: Moving Assistance for Transition Age Youth Services
FY 2009-10, through December 31, 2009

(unduplicated count)	Total FY	Probation		DCFS	
		FY	Cumulative	FY	Cumulative
Moving assistance	15	-	253	15	219
Rental subsidy	71	8	366	63	494
Housing (permanent)	88	53	364	35	269
Eviction prevention	1	-	-	1	1
Any supportive service ⁺	-	-	101	-	64
Education	36	1	10	35	93
Job training, referrals	-	-	-	-	35
Job placement	5	5	86	-	-
Case management	83	53	411	30	464
Life skills	-	-	-	-	8
Mental health	-	-	-	-	1
Transportation	10	-	-	10	117
Food vouchers	2	-	-	2	45
Clothing	9	-	-	9	81
Auto insurance	1	-	-	1	12

⁺Probation does not break down supportive service by type, except for job placement.

Table B.3: Longer-term Outcomes for Transition Age Youth
(6 or more months), FY 2009-10, Second Quarter

	Probation	DCFS
Continuing to live in housing	118	102
Continuing to receive rental subsidy	-	8
Obtained employment	79	38
Maintained employment	-	70
Enrolled in educational program/school	-	63
Received high school diploma/GED	-	7

**Table B.4: Program Specific Measures for Transition Age Youth
FY 2009-10, through September 30, 2009**

	Probation		DCFS	
	FY	Cumulative	FY	Cumulative
Number of new approvals	53	490	85	425
Average cost per youth	\$1,787	*\$3,806	\$3,500	*\$2,663
Number of program participants satisfied with program services	173 (of 174)	248 (of 250)	20	155
Number of pregnant/parenting youth placed in permanent housing	4	94	1	72
Number exited housing	20	41	-	324
Number remaining in permanent housing and receiving assistance at 6 months	n/a	n/a	16	94

*Average cost per youth for FY 2008-09; in FY 2007-08, the average cost was \$3,816 for Probation.

Probation– Moving Assistance for TAY

Successes: During the quarter, 162 youth were served, and 21 additional youth were placed in permanent housing. The program enables youth to maintain employment, get additional job training and attend college.

Challenges: There are limited vocational and educational resources available to gain marketable vocational skills while earning a salary that can financially sustain them during the training phase. The program also faces challenges in motivating youth to take full advantage of educational programs and community college opportunities to better their vocational readiness. The program's coordinator continues to assist and motivate the participants by presenting college enrollment information, including financial aid and educational grant applications.

Action Plan: Continue to offer support and motivational presentations to encourage focused career explorations and enrollment in vocational training and postsecondary educational programs.

Client Success Story: Client D is a 20-year-old male that entered the Juvenile Justice System at age 17. He completed a Camp Community Placement order and never re-offended. He is currently working for a medical billing company and has been residing in his apartment for approximately three years. Client D was able to obtain and maintain his permanent housing with the assistance of the Transition to Permanency Project. He received funding for move-in cost, rental subsidy, and appliances until he was able to become gainfully employed. When asked his thoughts regarding the HPI program, Client D stated, "I am glad that there is a program to help people at a second chance at life."

DCFS – Moving Assistance for TAY

Successes: The program continues to reduce the number of homeless youth. The program has been able to reduce the stress, fear and anxiety of homelessness on part of the participants. During this quarter, 85 youth received services, and 18 were newly approved. The program provided move-in assistance to 3 youth. The average expenditure is \$30,515 per month for all new and continuing participants, which includes security deposit and rent for up to three months.

Challenges: The number one challenge continues to be difficulty in maintaining contact with the youth. There continues to be the crucial impediment of youth not taking the responsibility of getting their required documentation (paper work) in time. One other significant challenge is the downturn of the economy and the difficulties that youth are experiencing in trying to secure employment.

Action Plan: Staff will continue to encourage youth to become more stable and establish relationships with others who support stability, such as friends, relatives, former caretakers, former foster parents, etc., Staff will emphasize the importance of receiving messages, mail and other correspondence to prevent homelessness.

Client Success Story: A 21-year-old female, former foster youth, facing eviction was near completion of her Pharmacy Tech School program. DCFS provided rental assistance to prevent her from being homeless, while she worked to complete her education. This youth continues to be focused on improving and stabilizing her life. Additionally, she has learned the importance of prioritizing her life.

III. PROGRAMS FOR INDIVIDUALS**9) Access to Housing for Health (AHH)**

Goal: To provide clients discharged from hospitals with case management, housing location and supportive services while permanent housing applications are processed.

Budget: \$3 million (Board Approved Funding)

Table C.1 : Access to Housing for Health Participants and Services
FY 2009-10, through December 31, 2009

(unduplicated count)	FY	Cumulative		FY	Cumulative
Homeless Individuals	13	27	Education	3	5
Chronic Homeless	13	102	Job training	4	5
Homeless Families	2	6	Job placement	-	2
Female	15	59	General Relief and Food Stamps	2	2
Male	16	86	General Relief	1	62
Transgender	-	1	Food Stamps only	-	1
Hispanic	5	32	Medi-Cal/Medicare	8	37
African American	15	64	Section 8	20	48
White	10	47	Public Housing Certificate	6	16
Asian/Pacific Islander	-	1	SSI/SSDI	9	32
Native American	-	-		FY	Cumulative
Other	1	2	Case management	28	135
			Health care	28	135
15 and below	2	9	Life skills	28	135
25-49	9	51	Mental health/counseling	5	33
50+	20	86	Substance abuse (outpatient)	1	17
Moving assistance	16	69	Transportation	6	103
Housing (emergency/transitional)	28	135	Alternative court	1	1
Housing (permanent)	22	84			
Rental subsidy	22	84			
Eviction prevention	6	4			
Program Specific Measures				FY	Cumulative
Number of referrals				105	708
Number admitted to program (enrolled)				28	135
Pending applications (quarter)				5	n/a
Number that did not meet eligibility criteria				84	578
Number of exited clients				4	33
Reduction in Emergency Department visits (12 months post enrollment, n=59)				-	83%
Reduction in number of inpatient days (12 months post enrollment, n=59)				-	90%
Number of new AHH enrollees that have a primary healthcare provider				28	135
Transitional Housing/Case Management					
Average stay at emergency/transitional housing:					144 days
Case management (level 3)					
Average case management hours for each participant per month:					15 hours
Total case management hours for all participants during current reporting period:					825 hours
Number of cases per case manager:					11 cases

Table C.2: Longer-term Outcomes
FY 2009-10, Second Quarter

	6 mo.	12 mo.
Continuing to live in housing	59/61	47/49
Receiving rental subsidy	97%	96%
Case management	9	2
Health care	9	6
Mental health care	4	1
Substance abuse treatment (outpatient)	1	4
Reunited with family	-	1

Successes: To date, there are 59 AHH clients that have reached their one year mark in the program. They had a combined total of 255 Department of Health Services (DHS) Emergency Department visits during the 12 months prior to AHH enrollment. Post enrollment, the clients had a combined total of 46 DHS Emergency Department visits. **The number of DHS Emergency Department visits was reduced by 83%.** The 59 AHH clients also had a combined total of 487 DHS inpatient days prior to AHH enrollment. These clients had a combined total of 45 DHS inpatient days post AHH enrollment. **The number of DHS inpatient days was reduced by 90%.**

AHH clients and graduates continue to participate in the monthly meetings which offer resources, health education and community/social supports. The Thanksgiving Day and Holiday Celebrations in November and December were highly attended and client's thoroughly enjoyed Dr. Diamant's presentation and the festivities. AHH continues to offer a weekly support group which many clients attend. This group allows them to meet other program participants, share resources and gain support. Lastly, AHH implemented a new weekly therapy group focusing on relationships to assist clients in exploring their past and current relationships and to maintain and obtain healthy relationships.

Challenges: There continues to be challenges in obtaining appropriate referrals for clients that would be suitable for the AHH program. Many do not pass the Housing Authority criminal background. Others do not possess the skills necessary for independent living and/or require a higher level of care than AHH can provide. These clients present with severe physical and/or psychiatric conditions and are unwilling to access treatment or comply with medication. AHH serves a particularly vulnerable population. Two clients exited the program this quarter for the following reasons: one client passed away and one client was transferred to a Board and Care Facility. In addition to the referrals, there continues to be challenges in obtaining all necessary and current documentation in a timely manner from clients in order to submit complete applications to the Housing Authorities.

Action Plan: The DHS Project Coordinator continues to receive referrals, and the referrals are being processed by Homeless Healthcare Los Angeles in a timely manner. The AHH team remains fully staffed. The AHH Housing Locator continues to assist in ensuring the housing application; location and move-in process are meeting the client's needs and occurring in a timely manner. The case managers and housing locator continue to work closely to best assist clients and ensure that they obtain and maintain permanent housing. The AHH staff continues to promote the program with current referral sources and to develop new sources.

Client Success Stories: Ms. H is a 47-year-old African American female who was in an abusive relationship for five years. She became homeless as a result of leaving her abuser. She was homeless for three months before entering the AHH program. Ms. H is a single woman with no children. Following two hospitalizations at Los Angeles County (LAC+USC) in 2008, she was referred to AHH and enrolled in November 2008. She has a history of Hypertension, Coronary Heart Disease, Type II Diabetes (insulin dependent), and was diagnosed with schizophrenia in 2003.

After working as a care giver for In Home Supportive Services (IHSS) for seven years, she stopped working in 2004 due to her medical conditions. The client currently receives SSI/Medi-Cal. Ms. H was permanently housed by AHH in June 2009; however, the apartment complex went into foreclosure shortly thereafter. AHH's housing locator and case manager worked together to assist the client in relocating to another apartment that would accept a Housing Authority of the City of Los Angeles (HACLA) Section 8 voucher. As a result, Ms. H moved into a new apartment in September 2009. The client is accessing mental treatment and receives medical treatment through a private physician (paid for by Medi-Cal). The AHH program assisted Ms. H with keeping her medical appointments and ensuring that she continues to access mental health treatment. Upon starting the AHH Program Ms. H's affect was dysphoric and flat.

During her time with AHH her mood dramatically elevated and her social skills improved. Since she has been permanently housed, she has reunited with friends and family. Ms. H has siblings in Los Angeles and a sister in New Mexico that she has close relationships. She has also befriended some of the other AHH clients and has held social gatherings in her new home. The client has been successful in her housing for seven months and continues to attend the AHH monthly meetings. Although her medical conditions continue to deteriorate, she is better able to focus on her medical needs and access treatment.

10) Benefits Entitlement Services Team for the Homeless (B.E.S.T.)**Budget: \$2,000,000 (One-Time Funding)**

Table C.3: B.E.S.T Services FY 2009-10, Second Quarter			
(unduplicated clients)		Quarter	Quarter
Homeless Individuals	5	Housing (emergency)	13
Chronic Homeless	77	Housing (transitional)	3
		Housing (permanent)	1
Female	22	General Relief and Food Stamps	3
Male	60	Section 8	1
		SSI	1
Hispanic	12	Transportation	1
African American	52		
White	11	Case management	82
Asian/Pacific Islander	2	Health care	13
Native American		Mental health care	69
Other	5		
16-24	3	Case management (level 3)	
25-49	46	Average hours for each participant	8
50+	33	Total hours for all cases	656
		Average caseload per case manager	15
Program Specific Measures:			
Number of initial applications submitted to SSA			5
Number of initial applications approved by SSA			1
Average length of time from participant enrollment date to SSA approval date			28

Successes: The Benefits Entitlement Services Team for the Homeless (B.E.S.T.) started enrolling participants on December 1, 2009. By the end of December, there were already 82 participants assessed and enrolled into the program. Of the 82 participants, five had enough medical records to submit an online application to the Social Security Administration (SSA). Information about the approval of one of those applications was received in December 2009 - the same month the project started.

Challenges: There are inherent challenges to get a demonstration project up and running. One of the primary challenges of this program was filling all of the open positions to build a team. Especially challenging was getting the case management staff in place that worked in unison with JWCH's project manager. As with any collaboration, the contractor (JWCH) and subcontractor (VOA) had to get to know each other and make their relationship work within the parameters of the contract and statement of work. Challenges are being looked at carefully so the team can learn valuable lessons for the future of this project.

Action Plan: No action plan is necessary at this time.

Client Success Story: A 38-year-old African American female was assessed and enrolled in the B.E.S.T. program in early December 2009. At enrollment in B.E.S.T., this participant was in a wheelchair and living in a mission in Skid Row. Further, she had been homeless for over 10 years and did not have any source of income at the time of enrollment. The participant qualified for SSI due to multiple physical disabilities (rheumatoid arthritis and degenerative joint disease) and has not been able to work for many years. The participant's SSI benefits were approved at the end of December 2009 by the Social Security Administration.

Currently, the participant has been reunited with her brother and is living with him. JWCH staff is also assisting the participant to obtain a new wheelchair since her old one is no longer functional, therefore rendering her homebound. B.E.S.T. case management staff has also applied for permanent housing at ACOF for this participant. She is the first participant in the B.E.S.T. for the Homeless demonstration project to receive her benefits.

11) Center for Community Health Downtown Los Angeles**Budget: \$186,000; (\$76,000 expected for Ongoing Funding)****Table C.4: Center for Community Health Downtown Los Angeles (CCH)
FY 2009-10 through December 31, 2009**

(unduplicated clients)		FY		FY
Homeless Individuals	3,744		Moving assistance	1
Female	986		Housing (emergency)	33
Male	2,758		Housing (transitional), average stay 90 days	25
			Housing (permanent)	53
			Rental subsidy	1
Hispanic	827			
African American	1,921		General Relief and Food Stamps	10
White	410		Medi-Cal/Medicare	12
Asian/Pacific Islander	55		Section 8	8
Native American	11		SSI/SSDI	12
Other	1,347			
<i>More than one race/ethnicity may be selected</i>			Case management	299
16-24	122		Health care	3,588
25-49	1,835		Mental health care	415
50+	1,787		Recuperative care	1
			Substance abuse treatment (outpatient)	11
Case management (level 3)			Transportation	12
Average number of hours:	256		Other	25
Total case management hours:	768			
Number of cases per manager:	95		Job training/referrals	18
			Education	1

Successes: The Center for Community Health Patient Satisfaction Survey results for the past quarter were the best ever by a JWCH Clinic. Patients were especially happy with the quality of services provided and the increased ability to access services in a timely manner. The new facility was also a key contributing factor, as evidenced in the patient comment section. Ninety-seven percent of patients surveyed said the likelihood of referring their friends was great or good. Case conferencing has improved since the last report was submitted. There are more patients receiving an Individualized Service Plan and a multidisciplinary approach to care. A total of 53 patients have been placed into permanent supportive housing, and 299 patients are being intensively case managed. Dental services are now available on Fridays with staffing by the University of Southern California (USC) School of Dentistry.

Challenges: Substance abuse assessment and counseling has been a key challenge during the first six months. Referrals have been much less than expected. The data report being submitted shows that only two patients enrolled in an outpatient program, and only one was placed in a residential treatment program.

Action Plan:

The problem with Substance Abuse integration and utilization is being addressed and the providers have suggested that a greater emphasis on counseling rather than assessment and referral to services would be a better approach. Many patients are unwilling to commit to a program, but would benefit from ongoing counseling and motivational interviewing while they are in the pre-contemplative or contemplative stage. A CCH Clinical Services meeting on February 8th included a presentation by Homeless Healthcare Los Angeles (HHCLA) followed by a discussion of possible strategies for improvement.

Client Success Story: A 26-year-old male initially presented to the CCH requesting TB clearance for entry to a local shelter. The treating physician requested a same day evaluation for the patient for assistance with housing placement and other social services (patient was homeless, with poor hygiene and poor communication skills). The patient had recently moved to California four months prior to his visit to CCH. He was originally from St. Louis and had lost his job as an assistant to a traveling salesman in August. The patient stated he would like to return to St. Louis, but did not have any money or a way to get there. He had been on SSI in St. Louis due to brain damage that occurred from a childhood accident (the patient fell from a window in a burning house when he was four years old and spent four years in a coma). The

patient had been estranged from his family for four years after an argument he had with his stepfather. He had been living with his mother at the time, who he claimed was taking advantage of him for his money. The patient had lost all contact information relating to his family.

The MSW referred the patient to the Benefits Entitlement Service Team (BEST) for assistance with obtaining government benefits, and verification of previous enrollment. The BEST was able to confirm his previous enrollment in the SSI Program and he was connected to a Case Manager with the Program. The Case Manager worked with the patient to locate one of his siblings from information obtained on the Internet. The sibling and other relatives who were subsequently located had all thought the patient was dead after he was reported missing four years ago. All in tears and excited to reconnect with their lost brother, family members were able to clarify what was said during that ill-fated argument four years ago. After a successful case conference between the client and his mother (set up by the Case Manager and MSW), it was agreed that the patient would go back to St. Louis to reunite with his family. The patient was extremely happy about going home. The MSW subsequently assisted the patient in obtaining funds for his return home through a Travelers' Aid Program that sponsored a bus ticket for that same evening. The patient was escorted to the Greyhound Bus Station in Hollywood, and he arrived safely in St. Louis two days later. The MSW had contacted the patient's mother regarding his travel, and she was at the station in St. Louis to meet him when he arrived. His mother called the MSW to confirm his arrival and express the family's excitement over the reunification that occurred.

12) Co-Occurring Disorders Court

Goal: Assist dually diagnosed adult defendants in receiving comprehensive community-based mental health and substance abuse treatment.

Budget: \$200,000 (HPI On-going Funding; pass through for DMH)

Table C.5: Co-Occurring Disorders Court Participants and Services					
FY 2009-10, through December 31, 2009					
(unduplicated count)	FY	Cumulative		FY	Cumulative
Chronic Homeless	18	84	Education	-	15
Homeless Individuals	9	14	Job training/referrals	6	32
Transition Age Youth	3	4	Job placement	3	4
Female	17	59	CalWORKs	1	2
Male	13	44	General Relief (GR,FS)	3	17
			General Relief	2	2
Hispanic	3	11	Food Stamps only	1	4
African American	21	78	Medi-Cal/Medicare	-	32
White	5	10	SSI/SSDI	5	35
Asian/Pacific Islander	1	1	Shelter Plus Care	-	5
Other	-	2			
16-24		7	Alternative court	24	69
25-49		61	Case management	24	69
50+		34	Health care/medical	24	47
Eviction prevention	-	2	Life skills	24	65
Housing (emergency)	-	8	Mental health/counseling	24	69
Housing (transitional); avg. 210 days	6	53	Social/community activity	18	38
Housing (permanent)	5	7	Substance abuse (outpatient)	8	71
Rental subsidy	9	42	Substance abuse (residential)	27	45
Moving assistance	-	2	Transportation	24	69
Longer-term Outcomes (six or more months)			Clothing/hygiene	23	45
Continuing to live in housing					
Receiving rental subsidy					37
Enrolled in educational program, school					16
Obtained/maintained employment					4
Case management					8
Health care					30
Good or improved physical health					30
					27

Mental health/counseling	30
Good or improved mental health	22
Substance abuse treatment (residential)	8
No drug use	7
Emergency Housing/Case Management	
Case management (level 3)	6 hours
Total case management hours for all participants during current reporting period:	970 hours
Number of cases per case manager:	7 cases

Successes: Since the inception of the CODC program in April 2007, 12 clients have graduated from the program. All received a dismissal of the criminal charges that initiated their referral to the CODC program. Another four clients are expected to graduate in the third quarter of FY 2009-10.

The CODC treatment program at the Antelope Valley Rehabilitation Center (AVRC) in Acton continues to serve as an appropriate starting point for those clients being released from detention facilities. To date, 37 clients have received integrated co-occurring disorders therapy, case management, and medications management at AVRC. Fifteen of these clients have successfully completed the 90-day program and have transitioned into programs in the community, such as the Mt. Carmel sober living program, for continued treatment and supervision. The implementation of the "Step Up Program" at Mt. Carmel, which offers clients a high level of structure and treatment services, has contributed to a decrease in program attrition.

Currently, there are four full-time Consumer Employees working at SSG Central Mental Health. These consumers are highly regarded by their peers and take pride in helping others. New CODC clients in particular appreciate receiving services from individuals who have shared similar experiences and have turned their lives around. They reported feeling more connected, better understood, and now have inspiring role models to emulate. A new Employment Specialist, funded by a Department of Justice grant, joined the SSG Team in February 2010. The Employment Specialist promotes linkages to education, job training, employment, and volunteer opportunities.

DMH continues to partner with the Public Defender to identify suitable candidates for the CODC program. Since the inception of the CODC program in April 2007 through December 31, 2009, DMH staff screened 616 individuals. A total of 173 clients received observation and engagement services and/or were enrolled for CODC treatment services. The Public Defender has been the primary source for referrals, generating nearly 81% of the referrals received during FY 2009-10 thus far. Referrals were also received from the Bench Officers, District Attorneys, Alternate Public Defender, bar panel attorneys, and the DMH Jail Linkage program.

Table C.6: Program Specific Measures

	FY	Cumulative
Number of clients screened for enrollment	115	519
Number of clients accepted for observation	32	110
Total number of clients enrolled	21	87
Number of clients pending enrollment	15	30
Number of clients not meeting Program criteria	64	254
Number of clients rejecting/dropping out prior to enrollment	21	120
Number of clients lost during follow-up process	-	6
Number of participants in ER/crisis stabilization while enrolled in program	9	30
Average length of hospital stay (days)	3	17
Number of participants who have a primary healthcare provider while enrolled	22	75
Number of participants with new arrest(s)	9	30
Misdemeanor:	3	6
Felony:	6	20
Number of participants in jail	9	31
Average number of days in jail.	15	(FY 08-09) 25

FY 2007-08 average number of days in jail: 36

Challenges: While treatment at AVRC continues to be well-received by a majority of the CODC clients, the AVRC treatment schedule continues to be limited, resulting in extended periods of "down time." Last quarter, the management team at AVRC initiated plans to adopt the Matrix System of Care to enhance the daily activity schedule and increase the amount of treatment and service provision for each client.

However, the Matrix System of Care has yet to be implemented. This has resulted in some of the clients verbalizing their feelings of frustration at the minimal amount of activities and structure. Others have found it difficult to transition from the semi-structured treatment environment at AVRC to the highly-structured program at Mt. Carmel.

Action Plan: Energy continues to be focused on grant writing to access new funds to enhance existing services. DMH continues to collaborate closely with the Public Defender, the Sheriff, and other court personnel to identify prospective CODC clients. In addition, DMH Administration has been working with SSG to evaluate the feasibility of increasing capacity for serving additional CODC clients.

Client Success Story (by client):

"I was homeless for two years when I was arrested for cocaine possession. When I went to court, I took a program called Prop 36. They sent me to SSG. I learned how to be a lot more responsible. It was very hard for me at first. But SSG helped me and showed me how to get back on track. There were a lot of times when I felt like leaving the program and almost did! I stayed because of support from the other people in the program, my sponsor Tim, my substance abuse counselor Bob, my case worker Miriam, and the rest of the staff here at SSG and Prop 36. I thank the "system" and SSG for all their help. Thank you."

The client graduated from the CODC Program in February 2010.

13) DPSS General Relief (GR) Housing (Rental) Subsidy and Case Management Project

Goal: To assist the homeless GR population with a rental subsidy. In addition, coordinate access to supportive services and increase employment and benefits to reduce homelessness.

Budget: \$4.052 million (HPI On-going Funding)

Table C.7: DPSS GR Housing Subsidy and Case Management Project Measures
FYs 2008-09 and 2009-10, through December 31, 2009

		Cumulative		
Chronic Homeless	665	Education	27	
Homeless Individuals	1,781	Job training/referrals	756	
		Job placement	231	
Female	953			
Male	1,493	SSI/SSDI	224	
		Section 8	5	
Hispanic	297	Veteran's	1	
African American	1,616			
White	457	Case management	3,040	
Asian/Pacific Islander	40	Health care	857	
Native American	18	Life skills	448	
Other	18	Mental health/counseling	774	
16-24	272	Substance abuse (resident)	21	
25-49	1,656	Substance abuse (outpatient)	135	
50+	518	Transportation	945	
	Cumulative	Recuperative care	3	
Rental (housing) subsidy*	3,040	Social/community event	1	
Moving assistance	2,294			
Longer-term Outcomes (point in time)		6 mo.	12 mo.	18 mo.
Receiving rental subsidy		476	216	197
Obtained employment		14	-	-
Maintained employment		6	-	-
Enrolled in educational program, school		5	-	-
Case management		476	216	197
Health care		38	19	18
Mental health/counseling		18	34	21
Substance abuse treatment (outpatient)		4	2	1

*Total number served from July 2006- December 2009

**Table C.8: DPSS GR Housing Subsidy and Case Management Project Measures
FY 2009-10, Second Quarter**

	Second Quarter	To date
Number of applications received	593	2,412
Average number of business days to approve	19	19
Average amount of rental subsidy	\$292	\$292
Number of individuals re-entering program	37	140
Number of SSI approvals	72	212
Percent of SSI approvals	4.35%	(FY 2008-09) 7.94%
Number of individuals disengaged from program	239	895
Case Management (level 3)		
Average case management hours for each participant per month:		5 hours
Total case management hours for all participants during current reporting period:		4,793 hours
Number of cases per case manager:		96 cases

Successes: The number of active subsidies for the last month of the quarter was 891, which is nine short of the maximum allotment. During this quarter, there were 35 job placements and 72 SSI approvals. An evaluation study of the pilot's outcomes showed that the average length of stay for participants in the pilot program was about seven months. Compared to a control group, employable participants enrolled in the pilot project were two times more likely to find jobs.

Challenges: Participants were relocating or moving out of their rental units without notifying the case-carrying Eligibility Worker or the GR Housing Case Manager, and their rental subsidies are issued to their previous landlords which created more work for staff recouping the money from landlords and processing the documentation from the new landlord in a timely manner.

Action Plan: The following were the recommended action plans:

- Staff to explain and remind the participants of their reporting responsibilities;
- Encourage participants to provide valid contact numbers; and
- Staff to increase the frequency of contacts with participants to a minimum of twice a week.

Client Success Stories:

Mr. O was a Food Stamp participant since 2005, then in August 2008 his health deteriorated and he had to apply for GR. At the time, Mr. O became homeless and was referred to the GR Housing Subsidy Project and moved into his new home in October 2009. Mr. O religiously kept his medical appointments, including assessment and treatment services. Mr. O was approved for SSI benefits and received his first SSI check this quarter. He is very grateful to DPSS.

Mr. J was diagnosed with mental health problems since childhood. Mr. J refused treatment because the medication made him feel bad. After encouragement from the Housing Case Manager (HCM), he gradually went for treatment and took his medication. Mr. J was relocated to a place where he had his own room, but shared common space with other residents. Despite Mr. J's situation, with the help of his SSI Advocate and HCM, he was approved for SSI.

14 and 15) Homeless Release Projects (DPSS-DHS and DPSS-Sheriff)

Goal: Identify individuals scheduled for release who are eligible for DPSS administered benefits.

Budget: DPSS-DHS: \$588,000; DPSS-Sheriff: \$1.171 million (On-going Funding)

Table C.9		DPSS-DHS		DPSS-Sheriff	
Homeless Release	Total FY	FY	Cumulative	FY	Cumulative
(unduplicated count)					
FY 2009-10, through December 31, 2009					
Homeless Individuals	1,196	137	*965	1,059	*5,254
Female	376	31	120	345	1,089
Male	714	106	431	714	1,368
Transgender		-	-	-	5
Hispanic	403	40	163	363	906
African American	459	42	206	417	1,129
White	264	40	147	224	540
Asian/Pacific Islander	44	9	17	35	40
Native American	5	2	4	3	6
Other	24	4	14	20	42
16-24	221	5	23	216	494
25-49	784	77	297	707	1,619
50+	194	55	231	139	349
Housing (emergency)	74	30	105	44	262
Average stay (days)	24	13	-	11	-
CalWORKs (approvals)	7	1	2	7	57
General Relief (w/FS)	445	52	342	393	2,595
General Relief only	84	15	92	69	372
Food Stamps only	8	-	5	8	57
SSI/SSDI	31	-	-	31	56
Veterans' benefits	7	-	-	7	13

*Demographic information not available for FY 2007-08. Cumulative demographic information includes FYs 2008-09 and 2009-10.

Table C.10		DPSS-DHS		DPSS-Sheriff	
Program Measures	Cumulative Total	FY	Cumulative	FY	Cumulative
Total referrals received	10,221	190	1,002	1,343	9,219
Total referrals accepted	6,757	70	494	1,062	6,263
Of the total referrals accepted:					
Total approved	545 (FY)	68	*201	477	3,123
Total denied	21 (FY)	-	*186	21	154
Total pending release:	1,725 (QTR)	2	-	1,725	-
Releases/discharges	1,047	65	304	610	743
Number of applications					
Food Stamps	286	42	43	194	243
General Relief	3,033	26	401	275	2,632
CalWORKs	49	-	1	4	48

*Information not available for FY 2007-08.

DPSS-DHS Homeless Release Project

Challenges: The private hospitals continued to have an extremely low number of referrals and only two approvals since implementation.

Action Plan: Program staff has offered training to assist the private hospital staff on the use of the DPSS screening tool and has met to discuss ways to increase referrals.

DPSS-Sheriff Homeless Release Project

Successes: Priority list interviews done at Inmate Reception Center (IRC) rather than at Men's Central Jail attorney room has increase significantly. The priority list allows the Eligibility Worker (EW) to interview more inmates in less time.

Challenges: Referrals were drastically reduced in the second quarter.

Action Plan: Contact was made with the CDRF Community Transition Unit (CTU) staff to determine the reason for the reduction. Within two working days, the number of referrals significantly increased.

16) Homeless Recuperative Care Beds

Goal: Provide recuperative care services to homeless individuals being discharged from County hospitals and assist participants with accessing transitional or permanent housing, ongoing health care, and other resources and supportive services.

Budget: \$2.489 million (One-Time Funding)

Table C.11 : Homeless Recuperative Care Beds Participants and Services					
FY 2009-10, through December 31, 2009					
(unduplicated count)	FY	Cumulative		FY	Cumulative
Homeless Individuals	144	424	Housing (permanent)	19	64
Female	25	68	Housing (transitional)	36	108
Male	119	354	Housing (emergency)	5	44
Transgender	-	2	General Relief only	-	11
Hispanic	61	107	Medi-Cal/Medicare	-	7
African American	38	106	SSI/SSDI	-	7
White	36	86	Case management	144	424
Asian/Pacific Islander	3	5	Health care	144	424
Native American	2	2	Life skills	-	12
Other	4	21	Mental health/counseling	-	1
<i>(race doesn't include two quarters; updating)</i>			Recuperative care	144	424
16-24	-	4	Transportation*	-	70
25-49	73	212	Substance abuse (outpatient)*	-	
50+	71	208			
Program Measures				FY	Cumulative
Number of patients referred for recuperative care beds				176	532
Number of patients admitted to recuperative care services				144	424
Number of patients who were discharged from recuperative care services				117	395
Number of patients who were assigned to a primary health care provider during recuperative care stay				103	383
Average length of stay for patients in recuperative care program (days)				23	30
Percent decrease in ER visits 6 months after receiving recuperative care				-	30%
Percent decrease in inpatient admissions 6 months after receiving recuperative care				-	71%
Emergency Housing/Case Management					
Average stay at emergency/transitional housing:				23 days	
Level 3 Assisted/Supported Referral and Counseling case management services					
Average case management hours for each participant per month:				6 hours	
Total case management hours for all participants during current reporting period:				480 hours	
Number of cases per case manager:				25 cases	

Successes: The Recuperative Care program served **424 unduplicated individuals** to date, from April 2008 to December 2009. At the end of the last quarter, a six-month pre- and post- analysis was conducted on the participants served who received recuperative care services at least six months prior to the analysis. For these recuperative care participants, a pre-post comparison showed a **30% reduction in ER visits** and a **71% reduction in inpatient hospitalizations**. In addition, there was a **47% decrease in the number of participants who utilized the ER** and a **73% decrease in the number of participants who required hospitalization**.

Challenges: The most significant challenge continued to be the lack of available and appropriate housing after discharge from recuperative care. Additionally, JWCH Institute (the provider) reported that private funding for 10 of their transitional beds ended in this quarter. Such losses in accessible housing/placement resources significantly impacts efforts to discharge recuperative care clients into more stable housing environments. Some clients were not able to access housing resources that have requirements on an applicant's behavioral history or restrictions related to legal status which present additional challenges. Other various challenges continued to be data collection and reporting activities, particularly given the use of manual data collection and reporting methods.

Action Plan: Additional efforts in assisting clients to reconnect with their families are being made, including family members that live outside of the Los Angeles County area. Efforts to link recuperative care services with permanent housing opportunities are continuing. Eligible participants who are frequent users of DHS inpatient and/or ER services have been referred into the Access to Housing for Healthcare program with some success. The recuperative care director at JWCH has oversight responsibilities for program activities and is continuing to work on addressing the identified challenges, including development of a database/data collection system for these services. DHS staff will continue to meet with JWCH management staff to discuss program status and progress and provide assistance as needed. Although some improvements have been noted for data collection and reporting activities, further improvement is needed and DHS will continue to work with the program director.

Client Success Story: Client B is a 51-year-old African-American male who was referred to the Recuperative Care Program by LAC+USC Medical Center in September 2009. He presented to LAC+USC with diagnoses of blunt head trauma and multiple facial fractures, status post assault, with loss of consciousness. Prior to his hospital admission, he and his girlfriend of nine years were living in their truck, since losing their apartment two years ago. Upon entering the Recuperative Care program with JWCH, the client had swelling over the right orbital area and three simple sutures to his right cheek. The client also had a history of hypertension, which the nurses were monitoring on a daily basis. The case manager focused on obtaining vital services for B as soon as he entered the program. First, B needed an ID, for which JWCH supplied a reduced-fee DMV voucher. The case manager also arranged for a Paratransit pass, so that B could easily travel to his arranged referrals and appointments. In B's case, this was important because it was necessary for him to attend meetings for his substance abuse problem, which was an essential part of his care plan. Additionally, B was started on a hypertensive medication, which was provided by JWCH clinic, located nearby at the Center for Community Health (CCH). Into his third week at Recuperative Care, the provider noted his blood pressure remained high. His medication dosage was increased and further monitored throughout the duration of his stay. Last November, B continued to be followed up by the Recuperative Care provider and it was shown that the client's hypertension was controlled. He kept all his follow-up visits at LAC+USC Medical Center and used the JWCH free net van for transportation.

While B was in Recuperative Care, his girlfriend S gained entrance to Project Paycheck, another program located at the Weingart Center. As she regularly visited B to check on his health and well-being. The couple was determined to remain together even throughout their hardships. They were married in October 2009, while they were both still staying at the Weingart. Although his wife was involved in another program, the Recuperative Care case manager assisted the couple to apply for the Access to Housing for Health (AHH) permanent housing program. They were accepted into the AHH program and the prospect of resuming a normal life together overwhelmed them with joy and a ton of emotion! From the first day in the Recuperative Care program to his discharge in November, B benefited and strived to fully benefit from the program services. He diligently followed the recommendations made by the case manager and the medical staff. At the time of discharge, his facial area was no longer swollen and he no longer had complaints of dizziness or pain. He left the program highly knowledgeable about his condition and the importance of controlling his hypertension. The Recuperative Care staff are confident that he will continue his medical treatment and maintain his follow-up appointments at the CCH. At last news, B was actively seeking full-time employment, and very optimistic that he would secure a job shortly. The JWCH staff are cheering and hoping for the best for both!

17) Housing Specialists - DMH

Goal: Assist homeless individuals, families, and transition age youth (TAY) to obtain and maintain permanent housing.

Budget: \$923,000 (annually in MHSA funding)

Table C.12: Housing Specialists Program Specific Measures
FY 2008-09

	FY 2009-10	FY 2008-09	FY 2007-08
Number of referrals to program	n/a	842	n/a
Number of property owners contacted	776	360 (QTR)	898

Successes: During the second quarter, the Countywide Housing Specialists, funded through the Mental Health Service Act (MHSA), initiated contacts with 328 unduplicated homeless individuals and 16 homeless families with a mental illness. Based on these contacts, the Housing Specialists provided a variety of housing related services including the following: 86 individuals received assistance to find permanent housing; 145 were referred to an emergency shelter funded through the Department of Mental Health (DMH); 37 moved into transitional housing program; and 13 received financial assistance with their moving-in expenses (security deposits). As of December 31, 2009, DMH completely utilized funds in the amount of \$51,051 secured through the American Recovery and Reinvestment Act (ARRA) Emergency Food and Shelter Program (EFSP) to supplement the existing Countywide Housing Assistance Program funded through the MHSA and the Projects for Assistance in Transition from Homelessness (PATH) grant. DMH also applied through the EFSP funding for \$80,000 in motel vouchers and \$80,000 in food vouchers. Although these resources would be granted through EFSP, these are not ARRA funds, therefore, the funds would be available Countywide through the department's directly-operated clinics.

Table C.13: Participants and Services
FY 2009-10, through December 31, 2009

	FYs 2008-09 and 2009-10	FY 2007-08
Chronic homeless individuals	79	-
Homeless individuals	1,440	2,343
Homeless families	120	255
Transition age youth	16	142
<i>Demographics not provided for all participants in families</i>		
Female	874	*n/a
Male	772	
Transgender	10	
Hispanic	618	
African American	472	
White	403	
Asian/Pacific Islander	39	
Native American	15	
Other	65	
15 and below	3	
16-24	10	
25-49	1,556	
50+	30	
	FY 2009-10	Cumulative
Moving assistance	162	304
Eviction prevention	19	24
Housing (emergency)	955	1,762
Housing (transitional)	375	678
Housing (permanent)	394	711
Rental subsidy	132	236
Section 8	210	*210
Shelter Plus Care	2	2
Mental health	681	*681
Life skills	327	327
Residential management	395	395

*Information not available for FY 2007-08.

Challenges: The Department continues to be challenged with assisting the target population to identify affordable permanent housing. DMH relies on rental subsidies provided through contracts with the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA) to access private rental housing. Currently, the Department has very limited Federal housing subsidies available for DMH clients through the Shelter Plus Care and none through the local Homeless Section 8 Programs offered by both HACLA and HACoLA. DMH competed for additional rental subsidies with the local housing authorities and was awarded but currently awaits the execution of those contracts.

Action Plan: The Department will continue to work towards finding ways to identify affordable permanent housing to meet the housing needs of the low and very low income population DMH serves. The Department will continue to apply for rental subsidies offered by the local housing authorities; seek other funding sources for rental subsidies; and disseminate information regarding the availability of affordable housing projects that target individuals with low income. In addition, DMH through the MHSA Housing Program has committed funds for Capital Development and Capitalized Operating Subsidies to 29 local housing projects thereby creating a pipeline of approximately 800 new affordable housing units in Los Angeles County.

Client Success Story: A 50-year-old homeless female from West Central Clinic in Service Area 6 was homeless for over 16 months and became dependent on crack cocaine. The West Central Clinic Housing Specialist outreached to this woman. She was referred to the American Philanthropic Association Shelter where she stayed for 10 months. While she was housed in the shelter, she attended substance abuse groups and became drug free. She joined the "Home of my own" group at West Central Clinic and entered the Housing Program where she was assisted in applying for a Shelter Plus Care subsidy. In the meantime she continued to take steps towards her recovery by attending money management classes where she learned budgeting and other independent living skills. She was approved for Shelter Plus Care and was assisted in finding a one-bedroom apartment. As a result of securing permanent housing, she was granted custody of her 11-year-old child who had been placed in the foster care system. At present she is in the process of getting a two-bedroom apartment to properly accommodate her child. She has since restored the lost relationship with her mother and two grown children.

18) Just In-Reach Program

Goal: Engage homeless nonviolent inmates upon entry into jail. Develop a release plan that coordinates an assessment and links clients to supportive services, benefits, and housing options upon their release. Case management team works with clients to obtain employment and explore rental subsidy eligibility.

Budget: \$1,500,000 (One-Time Funding)

Table C.14 : Just In-Reach Program FY 2009-10, through December 31, 2009			
	Cumulative		Cumulative
Homeless Individuals	221	Housing (emergency)	13
Chronic Homeless	314	Housing (transitional)	133
		Housing (permanent)	77
Female	161	Moving assistance	32
Male	303	Rental subsidy	4
Hispanic	128	Life skills	24
African American	209	General Relief (and Food Stamps)	67
White	162	General Relief only	63
Asian/Pacific Islander	12	Food stamps only	38
Native American	3	SSI/SSDI	20
Other	49	Veterans' benefits	18
(not for all participants)		Case management	410
		Health care	22
16-24	88	Mental health care	21
25-49	501	Substance abuse, outpatient	45
50+	96	Substance abuse, residential	71
		Transportation	107
Job training	392	Legal advocacy	135
Job placement	42		
Education	70		
Program Specific Measures			Cumulative
Number of participants who received intake/enrollment			532
Number of participants who received intake/enrollment within 72 hrs of initial interview			362
Number of participants who did not complete program (exited prior to completing)			130
Number by violent crime			139
Number by non-violent crime			395

Number by area of residence prior to incarceration (most frequent residence)	370
Number by area of residence prior to incarceration (second most frequent residence)	60
Number of times in County jail	682
Number of times in State prison	115
Number of participants with a service plan	1,982
Number of participants with a service plan within a week from intake/enrollment	1,954
Number of referrals provided to participants by type:	
- Service(s): Case management, health/medical care, mental health, substance abuse treatment, transportation, and mentoring	347
- Benefit(s): CalWORKs, General Relief, Food Stamps only, Section 8 and/or Shelter Plus Care, SSI/SSDI, Medi-Cal, Veterans	206
- Job/education related service(s): Job training, employment referrals, education	544
Number of participants who do not return to jail	405
Emergency Housing/Case Management	
Average stay at emergency/transitional housing: (11 participants)	109 days
Case management (level 1)	
Average case management hours for each participant per month:	3 hours
Total case management hours for all participants during current reporting period:	1,260 hours
Number of cases per case manager:	34 cases
Longer-term Outcomes (6 or more months) FY 2009-10, First Quarter	
Maintained permanent housing	50
Obtained employment	8
Maintained employment	8
Enrolled in educational program, school	10
Case management	153

Successes: The Just in Reach (JIR) program has enrolled 535 clients to date and averages 190 active clients at any given time who are engaged in services. The unduplicated numbers for this quarter show a new enrollment of 46 individuals. JIR has a recidivism rate that averages about 30% through the first 18 months of the program. This is significantly lower than the 53% report within a similar time frame for the Los Angeles County jail (general) population – and 70% is the average recidivism rate overall for similar populations in County jail. This number is even more impactful if you consider that JIR engages the hardest to serve population of “frequent flyers” in comparison with general population recidivism rates. The program has been measured with similar, more established models in Chicago, New York and Washington DC - and JIR measures up positively.

A total of 194 individuals have been placed in some form of housing during the pilot program. These individuals would have otherwise been homeless upon release if not for the JIR Program. These are impressive placement rates, in light of the fact that JIR clients have limited or no access to housing vouchers; and this success is partially attributed to a complimentary grant leveraged from the Corporation for Supportive Housing that has allowed the program to hire two additional Housing Advocates.

This quarter, JIR established a Landlord Advisory Board in an effort to create more housing opportunities for clients released from jail. Private property owners and public housing providers are brought together in regular meetings for informative sessions to ease concerns to landlords about the population JIR serves. Current landlords of JIR clients voiced their positive opinions on how the program is able to support individuals living independently. The Sheriff's Department participates in these meetings.

In the job training component of the program, 67 individuals have received jobs since the beginning of the program – which reflects approximately 32% of those who are post-release and eligible for employment. The numeric reporting just shows a total number, but does not allow the explanation that many of these participants are still incarcerated and in the pre-release training phase of their program.

JIR staff is in the final stages of negotiating a contract with the local Workforce Investment Board that will allow JIR to place program participants directly into full-time positions at no cost – through a American

Recovery and Reinvestment Act grant. This will enable JIR participants to gain salaried work experience. The partnership will provide transitional subsidized employment to JIR clients whose backgrounds add significant challenges to securing employment.

To date, over 50 mentors have been recruited and currently over 30 mentees are matched with mentors. The mentoring component continues to develop with Jerry Sherk, President and Founder of Mentor Management Systems. Jerry performs mentoring training on a regular basis to new JIR mentors, and provides professional support and guidance to JIR staff. The JIR mentoring program structure is founded on a nationally recognized best practice mentoring model. During the coming quarter, JIR is excited to report that this component will be expanded by leveraging a grant from the Second Chance Act. Recruitment for new mentors is on-going. The JIR Mentor Coordinator reaches out to mentors at local faith-based and educational institutions. In addition, JIR has recruited a number of peer mentors from partnering agencies and reached out to current volunteers in the Los Angeles County Jail system, offering the opportunity to continue their service to the incarcerated through the mentoring program. Peer-to-peer mentoring has proven to be a very successful model in this program. Program participants coming out of incarceration are at a critical juncture in their lives – excited to make changes but overwhelmed by the challenges ahead. To fully take advantage of their “second chance”, these individuals need a mentor – a committed caring individual to encourage and believe in them. Having a mentor who can walk them through life's challenges, often proves to be the difference between successful functioning in community or a return to incarceration or homelessness.

Challenges: JIR staff conducts post-release Housing and Employment workshops on a regular basis to keep clients engaged and keep them focused on their goals. Tracking clients post-release has always been challenging because JIR is a voluntary program. Staff has had challenges getting a high level of attendance at these meetings, but as the word gets around, attendance is on the rise. The database administrator, Interthinx (DOMUS), has transferred ownership and all support responsibilities to a new company. This caught JIR off guard and has caused some issues with data collection that has led to even more manual reporting. Reporting with accuracy presents a challenge to staff and they are having to spend a lot of time doing manual reconciliations.

Action Plan: JIR is informing clients while in jail that there will be an incentive for them at the Housing and Employment workshops. The incentives include credits where they can purchase employment ready clothing and other items. Participants are also given an opportunity, through a private grant from the Corporation of Supportive Housing, to acquire housing subsidies for people who attend the workshop, therefore increasing their ability to secure housing. JIR staff continues its participation in employment training, housing training, anger management, crisis intervention which has been incorporated directly to the clients. Staff has applied training materials into workshops pre and post release. These workshops are often accompanied with written materials that are provided to clients.

Client Success Story: A 23-year-old male client from the Men's Central Jail facility w had reentered jail numerous times was enrolled in the JIR program as a frequent user of the County Jail and emergency shelter systems. An employment specialist guided him to a full-time position within three months of release JIR and assisted him in securing credit checks with multiple renters. The client was eventually able to secure housing. This client was actually laid off from his employment after a few months, but due to the case managers insisting he save money within the budget plan they developed, he was able to sustain his housing for a short time until he ultimately secured another job.

19) Long Beach Services for Homeless Veterans

Goal: Assist veterans with housing, employment, SSI/SSDI, and legal issues such as child support. The program provides case management, outreach, and mental health services.

Budget: \$500,000 (Ongoing Funding)

Table C.15 : Long Beach Services for Homeless Veterans FY 2009-10, through December 31, 2009			
	Cumulative		Cumulative
Homeless Individuals	1,179	Education	10
Chronic Homeless	153	Job placement	3
Homeless Families	13	Job training	3
Female	145	General Relief (and Food Stamps)	16
Male	1,199	General Relief	6
Transgender	1	SSI/SSDI	6
Hispanic	245	Section 8	1
African American	466	Veterans' benefits	37
White	479	Case management	191
Asian/Pacific Islander	35	Health care	7
Native American	8	Mental health	50
Other	112	Substance abuse (residential)	10
16-24	66	Transportation	232
25-49	677	Life skills	54
50+	602	Social/community event	20
Eviction Prevention	2	Other	
Moving assistance	26	Credit repaired	48
Housing (emergency)	131	Legal services	11
Housing (transitional)	47	Driver license reinstated	32
Housing (permanent)	30		
Rental subsidy	14		
Program Specific Measures			Cumulative
Number of mental health coordination activities conducted			50
Number of mental health assessments provided to homeless veterans by MHALA			23
Number of meals provided to homeless veterans. (includes food/meal vouchers)			117
Number of homeless veterans whose child support payment was eliminated or reduced by SPUNK			58
Number of outreach sessions conducted by U.S. Vets and DHHS			30
Number of homeless veterans contacted through outreach sessions by U.S. Vets and DHHS			789
Number of outreach sessions conducted with veterans recently returning from tour of duty			5
Number of mental health educational pamphlets developed			3

Successes: The Long Beach Homeless Veterans Initiative (HVI) partners continue to work closely with the Long Beach Connections Initiative, a grassroots collaborative effort to identify individuals who are homeless and have at risk medical and mental health conditions. Of the 74 veterans identified during the Initiative's survey in July 2009, seven veterans have been placed in housing as the result of the collaborative effort; additionally, one client enrolled in substance abuse treatment. The City of Long Beach Department of Health and Human Services (City) continues to engage in collaborative efforts with the Los Angeles County Department of Mental Health (DMH) to evaluate future funding sources associated with the Mental Health Services Act (MHSA). The Mental Health Coordinator (MHC) through the new LACDMH Veteran's Liaison will be working with various projects including participating in "Another Kind Of Valor," a Town Hall meeting forum that will probe into the needs and wants of combat veterans and their families, including homeless veterans. In addition, the MHC continues to collaborate with VA Long Beach Healthcare System mental health outreach staff. The City is already in the planning stages of the 2010 annual mental health resource event with plans to increase veteran service provider involvement.

This quarter, the HVI partner agencies served 414 veterans with services that included: street outreach, case management, child support reduction, mental health and substance abuse interventions and housing placement. MHALA Homeless Assistant program continues to implement the White Bison Healing Circle, which provides culturally sensitive, recovery-focused mental health services. One of the MHALA outreach staff, also a veteran, uses this group's welcoming and healing attributes as a way to

engage veterans. MHALA has also appointed one of their case managers as the "Veteran's Coordinator," focusing specifically on veterans who come to their Drop-In Center to expedite their connections to mental health services and other veteran resources.

Single Parents United N Kids (SPUNK) provided services for 29 clients with a total of 33 cases. Of the 29 clients, SPUNK closed 14 cases for a total arrears savings of \$274,814. These savings included two client cases whose current monthly payment was lowered to zero. One client was able to get his barber license back as a result of this reduction, and he is now providing free haircuts to veterans residing at the U.S. VETS Villages at Cabrillo program.

U.S. VETS recently expanded their Veterans Reentry Project's capacity to serve 23 recently separated veterans. This expansion will allow U.S. VETS to increase services to an underserved veteran population. In addition, U.S. VETS is an active participant in the planning process for the May 20th mental health resource event.

The City continues its outreach efforts to homeless veterans including ongoing referrals to the Long Beach V.A. Healthcare System HUD-Veteran Affairs Supportive Housing (VASH) Voucher program. To streamline the process of enrollment in the VASH Voucher program, the City has provided assistance to veterans in obtaining required documentation and has worked closely with the Long Beach V.A. Healthcare System business office to verify eligibility. The City in partnership with U.S. VETS participated in the City's Veteran's Day celebration on November 7, 2009 and outreached to many recently separated veterans attending this celebration.

Challenges: MHALA continues to experience low numbers of veterans coming to their "Drop In" center for their Homeless Assistance Program (HAP). U.S. VETS continues to face the challenge of filling their current veteran's street outreach position. Additionally, due to limited access to military bases, the City and U.S. VETS are participating in community events, such as the Veteran's Day celebration, to engage veterans.

Action Plan:

- MHALA will appoint a "Veteran's Coordinator" that will be available to engage veterans who come to their Drop-In Center to facilitate mental health service connection.
- US VETS will utilize currently employed outreach staff to conduct veteran's specific street outreach until the vacancy of "Veteran's Outreach Worker" is filled.
- The HVI Partners will maintain relationships with other service providers and advocacy groups such as the Long Beach V.A. Healthcare System, LACDMH and Long Beach Connections to broaden resources available for veterans in need of mental health and medical services and housing.
- The HVI Partners will continue to investigate and utilize funding opportunities through the Homeless Prevention and Rapid Re-Housing Program under the ARRA and future MHSA proposal opportunities.
- The HVI Partners will continue to participate in community events and programs that provide opportunities for outreach and engagement to veterans in the City of Long Beach.

Client Success Stories: Upon discharge from active duty service in the United States Army, client and spouse, both recently separated veterans, and three children settled in Lakewood, CA with spouse's family. Due to situational circumstances, the family was displaced in December 2009. The homeless family sought help at the Long Beach V.A. Healthcare System and was referred to U.S. VETS – Long Beach. U.S. VETS does not provide family housing, however the client was provided with temporary housing at the Veterans Reentry Project (VRP). The wife and children were provided housing and services at the newly-opened veteran's Mothers with Children program on the same campus at Villages at Cabrillo. Despite living in separate residences, the family was able to remain close to one another (less than 100 meters) during this period. U.S. VETS provided intensive case management to the family and assisted with employment search. The family was referred to the People Assisting the Homeless (PATH) family housing at the Villages at Cabrillo. The family is now reunited and living under the same roof.

MHA street outreach team has been outreaching to a veteran named J for many years. He was known to

live under a local freeway underpass. Due to his mental health symptoms, MHA outreach worker would observe J sleeping most of the day with little motivation to do much else. Through MHA intensive outreach, J felt comfortable enough to come to the Drop-In Center. He was provided case management assistance to improve his living arrangements, including reconnection with his son. MHA assisted with his application to SSI. He was then linked to the Psychiatric Nurse Practitioner, who performed an assessment and provided medications. J continues to meet with the Nurse Practitioner on a regular basis for ongoing mental health support and therapy.

Client N is a 46-year-old homeless veteran who was referred to SPUNK through the U.S. VETS program at the Villages of Cabrillo in Long Beach. The client had two child support cases in Los Angeles County. He suffers from multiple medical and mental health issues as a result of his military service and is currently applying for a service-connected disability. The two cases consisted of one seven-year-old in which the client owed approximately \$42,000 and a second 10-year-old child with an approximate debt of \$25,212 in back child support to welfare. SPUNK was able to have the first case dismissed by a judge due to written documentation that N was in prison at the time he was served. As a result, N does not have to pay the money, saving him over \$42,000. SPUNK filed a Compromise of Arrears on the second case. The County reduced what he owed from \$25,212 to \$2,521. The total savings on both cases was \$65,129. The client was able to get his driver's license released and his credit cleared. Due to the fact the client owed back child support, he often worked, "under the table" and employers would take advantage of him. The client is looking forward to working again under legitimate circumstances.

20) Los Angeles County Homeless Court Program

Goal: Assist homeless individuals with clearing outstanding tickets, fines, and warrants upon successful completion of rehabilitation recovery programs for mental health, substance abuse and/or other issues.

Budget: \$379,000 (On-going Funding)

Table C.16 : Los Angeles County Homeless Court Program Participants FY 2009-10, through December 31, 2009					
	FY	Cumulative		FY	Cumulative
Homeless Individuals	540	1,728	Hispanic	126	407
Female	185	587	African American	265	883
Male	354	1,137	White	117	348
Transgender	1	4	Asian/Pacific Islander	17	32
			Native American	8	14
			Other	7	44
Alternative court	482	1,648			
Transportation	56	73	15 and below	-	-
Food card	128	128	16-24	55	151
Housing (emergency)	19	19	25-49	334	1,102
Substance abuse treatment (residential)	2	2	50+	151	475
Program Specific Measures:				FY	Cumulative
Number of Los Angeles County Homeless Court motions received				1,563	4,952
Number of program participants whose qualifying motions are submitted to and filed by Superior Court, and resolved within 30 days of submission				1,545	4,952
Number of audited records in the Superior Court's automated case management systems (TCIS/ETRS) that are accurate				100%	100%
Number of motions that are granted by Superior Court				79	226
Number of motions that are denied by Superior Court				100%	100%
Number of individual cases filed under the Los Angeles County Homeless Court				1,523	4,848
Number of participants whose applications are submitted to the Los Angeles County Homeless Court within 30-days of initial contact with participant				100%	100%
Number of participants that have Los Angeles County citations or warrants dismissed upon program completion				-	8
Number of participants who complete at least 90 days of necessary case management, rehabilitative, employment or mental health services before their first appearance in Court				1,600	5,493
Number of case managers who receive training on Los Angeles County Homeless Court benefits, application and eligibility requirements, and legal resources				455	1,570
				369	1,491
				482	1,642
				411	1,376

Successes: In December 2009, the Beverly Hills City Council voted unanimously to approve a parking ticket forgiveness program that will be integrated into the Los Angeles County Homeless Court Program. Clients who participate in the parking ticket forgiveness program must meet all of the eligibility criteria for Homeless Court, including participation in a case management program for at least 90 days, not having received any new violations within the six months prior to applying and no outstanding felony warrants. Clients who are still in possession of the vehicle that incurred the parking tickets will have their tickets dismissed through the program. This is an important success because many Homeless Court clients have unpaid parking tickets in addition to their traffic and quality of life offenses, and these tickets can pose a barrier as they attempt to renew their driver's license and vehicle registration. In addition, accumulated parking tickets can result in a car being impounded, limiting an individual's ability to seek services or employment. The Beverly Hills City Council's support of this program, which was proposed and will be administered by Public Counsel, will hopefully lead to support for parking ticket forgiveness programs in other cities in Los Angeles County.

Superior Court continues to build stronger working relationships with newly assigned staff with Public Counsel and the Los Angeles City Attorney, without interrupting the quality of service to the program's clients.

Challenges: One challenge during this quarter was the transfer of Judge Gregory Dohi. Judge Dohi has contributed greatly to Homeless Court by signing motions and presiding over Homeless Court sessions, and his new position may not allow him to continue his same level of involvement with the program. While Judge Michael Tynan continues to preside over Homeless Court sessions, the Homeless Court staff hopes to recruit additional judicial officers to preside over sessions so that this responsibility can continue to be shared.

Public Counsel also experienced additional staff turnover during the quarter, and as a result, the processing of Homeless Court applications has slowed temporarily while new staff is trained and develops familiarity with Homeless Court policies and procedures. Finally, Public Counsel continues to experience difficulties in receiving resolutions for citations from the Cities of Pasadena, Torrance and Inglewood in a timely and consistent manner.

Superior Court has received motions that are at times incomplete and appear to not have been thoroughly reviewed for eligibility. As a result, several motions were returned as ineligible and not processed. Superior Court believes that a review of eligibility and format requirements with the prosecutors will address this concern.

Action Plan: Public Counsel is addressing the challenges described above by hiring a part-time administrative assistant to join the Homeless Court team and actively recruit volunteers to assist with administration of the Homeless Court Program. In addition, Public Counsel's Homeless Court team is working with its Homeless Court partners to identify judicial officers to assist in presiding over Homeless Court sessions. With regard to the ongoing challenge of timely and consistent resolution of citations from the Cities of Pasadena, Torrance and Inglewood, the Homeless Court staff attorney will meet with the appropriate individuals in each jurisdiction to enhance coordination and improve the resolution process.

Superior Court will be working with Public Council to review workflow and eliminate duplicative processes. The program is working to decrease the average turnaround time from the point of receipt of a case by Superior Court to Public Counsel.

Client Success Story: Client X was referred to Homeless Court by her case manager at a program that assists at-risk young adults with education, job skills and employment opportunities. She had 17 citations resolved through Homeless Court, and in December 2009, she completed a Certificate in Industrial Hygiene. Client X is now employed full-time.

Client Y was referred to Homeless Court by his counselor at a drug abuse treatment center. After having seven citations resolved through Homeless Court and receiving training to become a petroleum inspector, Client Y is now employed full-time.

21) Moving Assistance for Single Adults in Emergency/Transitional Shelter or Similar Temporary Group Living Program

Goal: Assist individuals to move into permanent housing.

Budget: \$1.1 million (One-Time Funding)

Table C.17: Moving Assistance for Single Adults Program Measures
FY 2009-10, through December 31, 2009

(unduplicated count)	FY	Cumulative		Cumulative
Homeless Individuals	516	1,283	Female	357
Number applications received	516	1,283	Male	580
Moving assistance approved	142	332	16-24	46
Percent applications approved	28%	29%	25-49	435
Average days to approve	10	*	50+	456
Average amount of grant	\$519	**	Hispanic	120
***			African American	588
General Relief (w/FS)	266	428	White	195
General Relief only	31	31	Asian/Pacific Islander	1
Food Stamps only	50	59	Native American	26
Medi-Cal/Medicare	-	1	Other	7
SSI/SSDI	41	61	<i>Demographic information was not available for all clients during FY 2007-08.</i>	
Section 8	3	4		
Shelter Plus Care	2	12		
Veterans' benefits	14	16		

* FY 2007-08 average was 20 days; FY 2008-09 average was 12 days.

**FY 2007-08 average was \$575; FY 2008-09 average was \$722.

***Cumulative data for benefit information only includes FYs 2008-09 and 2009-10.

Successes: The program maintained a steady increase in the number of referrals for this reporting quarter.

Challenges: To date, the program is still experiencing a low number of approvals despite the increase in referrals.

Action Plan: The program plans to continue outreach efforts at transitional shelters and other agencies that provide services to the homeless population. This project is scheduled to end on June 30, 2010.

Client Success Story: Mr. G, a homeless participant, had difficulty in getting a job because of his situation. Fortunately, Mr. G was referred to the Single Adults Move-In Program and was provided the security deposit to move into permanent housing. The move enabled Mr. G to search and apply for employment. He called his HPI Eligibility Worker to inform him that he has gone for several interviews and may be offered a permanent job soon.

22) Project 50

Goal: To move 50 of the most vulnerable, chronically homeless individuals off of Skid Row and into permanent housing.

Budget: \$3.6 million (Board Approved Funding)

Table C.18: Project 50 Participants and Services
FY 2009-10, through December 31, 2009

(unduplicated count)	FY	Cumulative		FY	Cumulative
Chronic Homeless Individuals (ever housed)		58	Education	-	2
Female	2	7	Job training/referrals	-	2
Male	3	50	Job placement	-	2
Transgender	-	1			
			General Relief (GR,FS)	2	12
Hispanic	1	12	General Relief only	3	10
African American	3	46	Food Stamps	1	2
White	1	7	Medi-Cal/Medicare	5	21
Asian/Pacific Islander	-	-	Section 8	-	1
Native American	-	-	Shelter Plus Care	5	46
Other	1	1	SSI/SSDI	11	42
			Veterans	7	15
25-49	1	17	Case management	38	41
50+	4	41	Health care/medical	37	41
			Mental health/counseling	35	38
Eviction prevention	7	15	Social/community activity	-	30
Housing (emergency/transitional)	7	48	Substance abuse (outpatient)	-	20
Housing (permanent)	5	58	Substance abuse (residential)	5	14
Rental Subsidy	-	41	Transportation	-	35
Moving assistance	1	2	Legal Services	-	11
Longer-term outcomes (at 18 months)					
Continuing to live in housing				Quarter	46
Enrolled in educational program					2
Case management					41
Health care					46
Good or improved health					30
Mental health/counseling					31
Good or improved mental health					21
Substance abuse treatment (outpatient)					24
Substance abuse treatment (residential)					12
No drug use					9
Reunited with family					5
Case management				Quarter	
Level 3 case management services					
Average for each participant per month:					4 hours
Total hours for all participants:					107 hours
Number of cases per case manager:					23 cases

Successes:**Housing retention rates:**

- At 6 months: 37 total housed; 33 remained housed (or alt housed) – 89.2% retention rate
- At 12 months: 49 total housed; 42 remained housed (or alt housed) – 85.7% retention rate
- At 18 months: 59 total housed; 51 remained housed (or alt housed) – 86.4% retention rate

Program Specific Measures	FY	Cumulative
Number of participants who exited housing	-	11
Number of participants developing individualized treatment plans	5	46
Number of participants participating in a housing retention group	-	30
Number of Project 50 participants having arrests	6	21
Number of Project 50 participants having hospitalizations	3	18
Number of Project 50 participants having an emergency room (ER) visit	6	12
Number of Project 50 participants with increased income (i.e., due to SSI/SSDI, GR)	5	21

Project 50 was one of the top ten recipients of the Quality and Productivity Award for 2009. Project 50 has an 89% housing retention rate along with a 70% rate of participants with SSI. Specifically, 32 people have received SSI, and 11 applications have been submitted for the remaining participants. Two have been denied for various reasons. This past quarter, a person who suffered from severe alcoholism is now stable and in permanent housing.

The goal for the project is for homeless participants to be sustained in permanent supportive housing. The project has also demonstrated that various County, City and non-profit agencies can work together as a team to make this project a success. Project 50 staff has initiated a Community Integration program that encourages participants to visit various cultural and recreational attractions throughout the city. The most recent trip to the J. Paul Getty Museum in Brentwood was a rousing success. The participants had a personal tour and several expressed a desire to return again to this wonderful cultural icon. Project 50 continues to innovate and support participants as they integrate into and maintain stable housing.

Challenges: Working as a team, the Project 50 staff has had significant success in maintaining housing for the chronic homeless. The team continues to work with clients to resolve substance abuse, poor money management, and rental payment issues.

Action Plan:

- Utilize other agencies to assist in locating appropriate potential participants for housing. The Project 50 staff have refreshed the Registry to concentrate outreach and engagement activities on an ongoing basis;
- Encourage staff stability, explore development of a process group for participants to deal with loss;
- Continue to add participants to continually have 50 clients currently housed; and
- Hire a money manager and continue intensive substance abuse interventions. Develop money management skills. Work with residents who are at risk of falling behind on their rent.

Client Success Story: A participant came to P50 very depressed and on GR. He received psychiatric care and improved significantly. In addition, he received SSI. The client is now very content and stable in housing.

23) Santa Monica Homeless Community Court

Goal: Assist homeless individuals with clearing outstanding citations, warrants, and misdemeanor offenses upon successful completion of mental health, substance abuse and case management.

Budget: \$540,000 (Board Approved Funding); \$31,000 for transitional housing

Table C.19: Santa Monica Homeless Community Court Participants and Services
FY 2008-09, Cumulative (February 2007 – June 2009)

(unduplicated count)	Cumulative		*Cumulative
Chronic Homeless Individuals	155	15 and below	-
Female	49	25-54**	121
Male	106	55+	34
Hispanic*	17	Housing (emer/trans)	66
African American	34	Housing (permanent)	26
White	102	Rental subsidy	11
Asian/Pacific Islander	3	Alternative court	155
Native American	1	Case management (level 3)	148
Other	15	Mental health	65
		Substance abuse (outpatient)	5
		Substance abuse (residential)	32
Program Specific Measures			Cumulative
Total number of clients who have enrolled in Program			155
Number who participate that have citations or warrants dismissed upon completion			118 (76%)
Number who receive an emergency shelter bed and remain for two weeks or longer			35 (53%)
Number who accessed psychiatric and/or mental health services, received their mental health services at a DMH facility within the six-month program period (February-June 2009)			24 (37%)
Number who enter residential treatment complete a substance abuse program of 90 days or longer			24 (71%)
Number of arrests for all Court participants that have been placed in an emergency, therapeutic, transitional or permanent bed (or some combination of bed-types) for 90-days or longer as compared to the 90 days prior to entering residential program			70% reduction
Number of permanently housed who continue to be housed after four months, or will still be housed at the end of the program periods (which may be less than four months after housing placement)			24 (92%)
Average length of stay in emergency housing:			14-160 days

*Latino is not categorized as a distinct race by Santa Monica Homeless Community Court.

** Age range is categorized differently by Santa Monica Homeless Community Court.

Successes: The most successful ongoing collaboration which the Homeless Community Court program is engaged in is its relationship with Edelman Mental Health Center. Every Thursday morning, the Edelman psychiatrist and social worker, provide in-office services at the St. Joseph Center Homeless Services Center and occasional outreach to Homeless Community Court clients. The primary benefit of this Edelman collaboration is giving clients easy access to psychiatric care, with medications administered at two area pharmacies. Given the limited mobility, organization and/or motivation of many Court clients, this is often a superior service option to conventional mental health clinics. Integrating these psychiatric services into the pre-existing relationship which clients have with their program Case Manager and Mental Health Specialist also provides context which can help overcome service barriers stemming directly from mental health symptoms. A secondary but lasting benefit of the Edelman collaboration is streamlining the eventual transfer of client services from in-office services at the Homeless Services Center to long-term mental health care at Edelman or other Department on Mental Health facilities.

Exodus Full Service Partnership (FSP) has been another valuable collaborator with the Homeless Community Court Program. A dually diagnosed client referred to this program was rapidly entered into intensive services with an outreach case manager. Working in tandem with Homeless Community Court and Exodus staff, this client was able to access a full range of services including psychiatric care,

substance abuse treatment, emergency shelter, and permanent housing at a sober living. The FSP's collaboration with Exodus Mental Health Urgent Care Center accelerated the client's access to mental health services and dealt with acute mental health situations. This collaboration has also contributed to St. Joseph Center's familiarity with the services offered by Exodus Urgent Care, benefiting the agency more generally. Building on the success of the Chronic Homeless Program (CHP), the program has managed to link many CHP participants to the Court which has resulted in the removal of barriers and has allowed for the successful transition by clients to the next phase of their lives. Continued collaboration between service providers, police and fire has allowed the program to continue engaging clients in the field and seizing opportunities to refer them to the program, when it appears they will be receptive to services. The program's talented Public Defender is greatly appreciated not only by the Resource Coordinator but also by the service providers. She creatively strikes a balance between advocating for her clients and using her motivational interviewing techniques to help clients see the benefits of connecting to services.

Challenges: The voluntary nature of the program allows many of the most chronic, high users of police, fire and social services the opportunity to opt out of the program. These are the very people the program had wished to engage in services using the authority of the Court. Experience has shown that many of the most chronic homeless do not want to access services. Moreover, the voluntary nature of the program does not allow the program to use the authority of the Court to connect individuals to much needed resources, including: mental health, psychiatric, medical, substance abuse and monetary assistance programs – all of which can be barriers to stabilizing clients, housing them and helping them maintain their housing.

Action Plan: The Court will only accept participants cited with quality of life crimes – misdemeanors and infractions. The Court will not accept felons or sex offenders. The very nature of the crimes, misdemeanors and infractions, prevent the court from following participants for extended periods of time and result in citations being dismissed with limited client progress. Greater oversight by the Court could have a very positive influence on participants and result in better outcomes. Currently, participants average 2-3 court visits before their citations and warrants are dismissed. This impacts both substance abuse treatment and housing placements. Indeed, because of Case Management initiated by the Court, some individuals may achieve outcomes months after their exit from the program.

Court participants would benefit from a more directive tone and more exact prescriptions from the Court. While this has improved, the program continues to need progress in this area. The court appointed psychiatrist linked with the program supports this change in tone of court orders, and feels that it would result in greater client success. Furthermore, it would lend more objective finality to the process, taking out a great deal of ambiguity for the client.

**Table C.20: Santa Monica Homeless Community Court (transitional housing and services)
FY 2009-10, Second Quarter**

Homeless Individuals	5	Housing (transitional)	5
White	5	Job training	5
24-49	3	Job placement	2
50+	2	Veteran benefits	2
		Substance abuse treatment (residential)	5

Successes: Eventually, one participant moved into his own apartment. Two participants who completed the CLARE Foundation's program received employment.

Challenges: It has been challenging for participants to stay in the program.

Action Plan: Staff continues to reinforce the benefits of staying in the program.

24) Santa Monica Service Registry**A) Step Up on Second****Budget: \$ 518,000 (Board Approved – Third District)****Table C.21: Step Up on Second, Santa Monica Service Registry**
FY 2009-10, through December 31, 2009

(unduplicated clients)	Cumulative		Cumulative
Chronic Homeless Individuals	27	Moving assistance	17
Female	9	Housing (transitional), 38 day stay	16
Male	18	Housing (permanent)	14
Hispanic	5	Housing (emergency)	4
African American	5	Eviction prevention	4
White	15	Rental subsidy	17
Asian/Pacific Islander	2	Legal	4
25-49	13	General Relief with Food Stamps	1
50+	14	Medi-Cal/Medicare	2
Job training	1	Case management	26
Section 8	2	Health care	6
Shelter Plus Care	4	Life skills	26
Education	1	Mental health care	26
		Social/community activity	26
		Transportation	26
		Substance abuse treatment (outpatient)	3
		Substance abuse treatment (residential)	4
		SSI/SSDI	1
		Alternative court	2
Case management level 3			Quarter
Average hours per case:			24
Total number of hours:			627
Caseload per case manager:			6
Longer-term outcomes (six or more months)			
Continuing to live in housing			4
Continuing to receive rental subsidy			4
Case management			16
Health care			14
Good or improved physical health			14
Mental health care			16
Good or improved mental health			16
No drug use			9
Number of organizations/agencies that your program has a formal collaboration for this project			5
Number of times collaborative partners met each month			3
Total amount (\$) of HPI funding leveraged for project			\$2,645,657
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			68%
Total number currently enrolled in program			26
Number of participants who left the program during this period			1
Number of clients who received an assessment (if applicable)			
Cost per participant			26
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning/end of the quarter			\$376
			-
			-

Successes: In the past quarter, the Step Up HOME Team has had been successful in connecting individuals to permanent housing options. Step Up placed five new participants into permanent housing, three into transitional housing and two in emergency shelters. Step Up assisted a participant in engaging an educational opportunity, and she is now studying for her G.E.D. One participant obtained Medi-Cal benefits and two obtained SSI/SSDI benefits. The Step Up HOME Team aided others with addressing their substance abuse issues with placement into detox and an outpatient treatment program. In longer term outcomes, Step Up has been successful in assisting four participants maintain their permanent housing for six or more months. They continue to receive a rental subsidy to accomplish this goal. Through Step Up's outreach efforts to landlords and property managers in the community, the program

has been able to create and nurture relationships that benefit participants. Landlords are pleased with the response they see from the team and are now calling, when they have vacancies to fill.

Challenges: There are several challenges in assisting chronically homeless individuals into permanent housing. It is difficult to prepare a client for the interview process with a landlord due to their emotional state and appearance. Clients can become resistant, uncomfortable and even experience a triggering of their symptoms from the pressure of having to meet with a person of authority and fill out paperwork to apply for housing. Landlords may not be familiar with the Section 8 process and may have had some previous experiences with Section 8 that cause them to pause when considering the chronic homeless population. In Santa Monica, the team has an additional challenge of finding apartments that are compatible with the monetary cap of Section 8 requirements. Finally, participants are subject to the fears and bias people have about mental health issues. Also, there is self-stigma which leaves individuals living with a mental illness to feel powerless, causing them to settle for less than they deserve or not even attempting to utilize these housing opportunities.

Action Plan: The Step Up HOME Team will continue to acquire Section 8 vouchers and increase benefits for participants. The team will educate and encourage participants to engage in a money management program to assist them in improving their financial situation so they will be prepared to pay rent and a deposit when housing options are available. They will assist participants in navigating the legal system to reduce or remove legal barriers to housing and growth. The program will educate participants in presentation skills and better prepare them for interviews. In addition, the program will outreach to landlords and property management companies in the community to educate them about the Section 8 program and encourage their participation. Through such resources as Craigslist, the program advertises to landlords willing to accept Section 8 voucher holders. During home visits with participants who are housed, staff will assist in improving their life skills so that they can maintain their home and retain their housing. Moreover, the program will continue to assist participants in maintaining their physical health through connections to medical and dental care.

Client Success Story: Client L initially became a member of Step Up On Second in May 2001 and presented with a diagnosis of Major Depressive Disorder. She was referred to mental health case management and psychiatric services in December 2002 at the agency. Client L was then housed through the Section 8 program in March 2003. She received GR benefits at this time and eventually applied for and was granted SSI benefits. Prior to and during her being housed, she struggled with substance abuse which eventually led to her being evicted from her apartment in October 2005. From there she lived on the streets of Santa Monica for three years and continued to struggle with her substance abuse and had with very limited contact with her treatment team. During this period of time, she became familiar to the Santa Monica Police Department and was arrested on several occasions. Eventually, she was sentenced to jail for a probation violation and failed to enter a substance abuse program.

Upon release from jail, she reconnected with Step Up On Second and her treatment team. She was referred to and accepted into Daybreak Shelter in April 2008. From there she was enrolled into a money management program and attended substance abuse and other life skills groups. In November 2008, Client L was transferred to the Step Up HOME Team, and they assisted her in applying for a Section 8 voucher. She received her voucher and was assisted in locating an apartment. She moved into permanent housing in March 2009 where she remains. She recently enrolled into a GED program and has hopes of continuing her education further. The client continues to maintain her sobriety, meets with her treatment team as scheduled and meets with the HOME Team members at least twice monthly. She continues to show progress towards making improvements and positive changes in her life.

B) OPCC Safety Net (Access Center)

Budget: \$ 660,000 (Board Approved, Third District)

Table C.22: OPCC Safety Net (Access Center)
FY 2009-10, through December 31, 2009

(unduplicated clients)	Cumulative		Cumulative
Chronic Homeless	47	Section 8	10
Female	13	SSI/SSDI	7
Male	34	Shelter Plus Care	8
Hispanic	2	Job placement	1
African American	10	Job training	4
White	32	General Relief with Food Stamps	3
Asian/Pacific Islander	1	General Relief	2
Native American	-	Food Stamps	2
Other	2	Alternative court	4
25-49	21	Case management	41
50+	26	Health care	16
Housing (emergency)	32	Mental health care	24
Housing (transitional), avg. stay 20 days	7	Substance abuse treatment (residential)	5
Housing (permanent)	15	Substance abuse treatment (outpatient)	8
Rental subsidy	11	Food	13
Moving assistance	12	Clothing	2
		Transportation	19
		Life skills	9
		Recuperative care	1
		<u>Case management level 3</u>	
		Average hours per case:	350
		Total number of hours:	1,050
		Caseload per case manager:	11
Longer-term outcomes (six or more months)			
Continuing to live in housing			5
Receiving rental subsidy			3
Case management			23
Health care			13
Good or improved physical health			13
Mental health care			8
Good or improved mental health			8
Number of organizations/agencies that your program has a formal collaboration for this project			3
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			\$2,238,567
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			54%
Number of participants who have enrolled (entered) into program during the reporting period			4
Number of participants who left the program during this period			3
Total number currently enrolled in program			39
Number of clients who received an assessment (if applicable)			-
Cost per participant			\$2,930
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			n/a

Successes: By the end of the quarter, OPCC Project Safety Net successfully assisted a total of 15 chronically homeless individuals on Santa Monica's Service Registry to secure or maintain permanent housing. Among 40 clients from the previous quarter, one person was deceased, one opted out of participation, one individual's whereabouts was unknown and one woman was reunified with her mother, residing in a board and care home out of state. Staff identified eligible clients to fill these available openings, and all of those clients have already been initially engaged.

A total of 23 individuals are temporarily or permanently housed and off the streets. Five individuals obtained an apartment during the quarter; one client remained in transitional housing at a sober living

facility. Five clients maintained emergency housing in master-leased units or shelter. Six clients secured housing vouchers and a seventh individual had a voucher pending. All of these individuals are working on locating apartments with assistance from OPCC Project Safety Net.

Challenges: Locating housing for clients has remained a significant challenge, but through the creativity and persistence of staff, clients have been able to locate scattered site apartment units within the average timeframe of 3-4 months and a range of one month to one year.

In addition to substance addiction, the single most challenging issue has become serious untreated mental illness, including resistance to treatment, paranoia and suspicion. Many of the alienated individuals are resistant (or ambivalent) and fear coming off the street. This is the case even when permanent housing is offered. Staff must utilize much creativity, flexibility, and persistence in developing trusting relationships. A consulting psychiatrist was hired at the end of the quarter to address this challenge. Supporting housed clients with special needs who require intensive life skills training continues to grow as a significant challenge as more individuals become housed.

Action Plan:

- OPCC hired a new psychiatrist at the end of this quarter. The upcoming focus for psychiatric services will be to provide psychiatric outreach to individuals on the streets.
- OPCC Safety Net continues to creatively recruit landlords and provide them with the intensive support required for them to be willing to participate in our housing program.
- The staff team continues to foster a good working relationship with the SMPD's Homeless Liaison Program to move clients forward into services

Client Success Story: Client C has been homeless for nearly two decades and was one of the most recognized "high utilizers" of public services in Santa Monica. When OPCC Project Safety Net began working with her, she was in a wheelchair and incontinent. The client's alcoholism and her symbiotic relationship with her street boyfriend who also suffered alcoholism were the most significant challenges to her success. She also suffered from untreated mental illness, further complicated by the extent of her drinking. Client C refused all services for substance abuse, and as a result, was unable to stay in any shelter. At times she was able to sustain a short stay in a motel room, but required extensive support from staff to keep it clean and care for herself, and on several occasions her boyfriend would find her in a motel, or the hospital, and abscond with her back to the street. It was clear that a harm reduction approach was necessary to move the client forward. Through intensive staff support and counseling utilizing harm reduction methods, and medical services provided by Venice Family Clinic, staff assisted her in obtaining SSI income and a Shelter Plus Care housing voucher and then her own apartment. During December, the client had to be hospitalized and the outcome is not known, but thankfully, she went to the hospital from her own home with a residence to return.

IV. PROGRAMS FOR MULTIPLE POPULATIONS

25) Los Angeles County Housing Resource Center, (LACHRC; formerly known as the Socialserve Housing Database)

Goal: Provide information on housing listings to public users, housing locators, and caseworkers.

Budget: \$382,000 (\$202,000 allocation from HPI funding and \$180,000 from CDC).

Table D1: LACHRC Program Measures		
June 1, 2007 – December 31, 2009		
	Cumulative	Year 1 6.1.07 - 6.30.08
Number of landlords registered on the site	8,901 1,496 new	3,505
Average monthly number of units available for rental	3,913	1,324
Total housing unit/ apartment complex listings registered on site (includes units that have been leased) <i>(as of December 2008)</i>	14,700 3,526 new	5,171
Total number of housing searches conducted by users that returned listing results	4,017,605 325,531 new	1,590,825
Average number of calls made/received to the Socialserve.com toll-free call center per month	3,637	2,897
Number of collaborative efforts forged between County Departments, Cities, and other stakeholder agencies	83 5 new	33

Successes: Partnership efforts with the City of Pasadena, the Apartment Association of Greater LA, and the Housing Authority of the City of Los Angeles (HACLA) led to a dramatic increase in the number of landlords using the site. During this quarter, 1,496 new property owners signed on, and the number of available rental units grew by 66% from 2,989 to 4,977. The American Recovery and Reinvestment Act (ARRA) Homelessness Prevention and Rapid Re-Housing Program (HPRP) pre-screening function was also successfully launched for the County's program, and the tool is being widely implemented.

Challenges: The additional requirements of administering the website features related to the two stimulus fund programs (Housing and Economic Recovery Act – Neighborhood Stabilization Program) and (ARRA-HPRP) have added unexpected complexities and time pressures to the project administration.

Action Plan: The primary goal of this upcoming quarter is to improve marketing of the website features, focusing primarily on HPRP program marketing. Additional outreach will be done to County departments to offer training and improve awareness of the website tools for special needs housing search and placement.

Client Success Story: A Los Angeles County property owner called the contractor, Socialserve.com, to compliment one of the Call Center staff for helping her list her rental property on the website. She stated, "Maylin was outstanding. She took her time. I didn't feel rushed. She helped with every part of listing my property, and I appreciate that."

26) Los Angeles Homeless Services Authority (LAHSA) Contracted Programs

Goal: Emergency shelter and transitional housing are provided to families and individuals.

Budget: \$1,735,000 (One-Time Funding)

Seven programs are currently in progress: two emergency shelters, three transitional housing, and two permanent supportive housing programs.

Table D.2: LAHSA Participants and Services

(unduplicated clients)	FY 2007-08	FY 2008-09	FY 2009-10 Dec. 2009	Total
Homeless Families	483	275	77	835
Homeless Individuals	3,162	890	74	4,126
Chronic Homeless	2,206	358	83	2,647
Female	1,938	493	154	2,585
Male	3,931	1,003	121	5,055
Hispanic*	1,385	647	145	2,177
African American	2,838	636	218	3,692
White	2,004	1,097	141	3,242
Asian/Pacific Islander	151	83	32	266
Native American	168	110	-	278
Other	1,598	99	59	1,756
Adult	6,064	1,550	251	7,865
Child	1,029	444	177	1,650
Transition Age Youth (not included as individuals)	-	91	24	115
Emergency housing	5,869	1,462	96	7,427
Transitional housing	-	156	81	237
Permanent supportive housing	-	-	81	81

*LAHSA uses the federal definition of Hispanic origin (which for the Feds includes all Spanish speaking nations in the Americas and Spain). There are two options: Hispanic or Non-Hispanic.

**The U. S. Department of Housing and Urban Development (HUD) defines an adult as a person 18 years of age or older. LAHSA uses the HUD definition of adult in its data collection process.

27) PATH Achieve Glendale

Budget: \$150,000 (One-Time Funding)

Successes: The clients of PATH Achieve Glendale's Access Center (PAG) have experienced notable successes in the face of a challenging economic climate. Concerted efforts to serve local chronically homeless individuals have resulted in several people who had been living on the streets for years being placed in supportive and/or subsidized housing. The work has been slow-going and intensive. It called for a team approach including staff from PATH Achieve Glendale's outreach team, Access Center case managers, social workers, and a psychiatrist working together with community service providers. PATH Achieve Glendale's outreach team is the sole provider for case management services at the local Winter Shelter Program. In addition, the Access Center continued to provide services to the region's homeless individuals and families.

Challenges: Case managing chronically homeless individuals with very little available appropriate housing has been a great challenge. The last several months have proven that the chronically homeless individuals on Glendale area streets are interested in housing. Moreover, they are willing to take necessary steps - even drastic ones. They seek support to move into housing, when subsidized housing is available. Obtaining reliable reports from the Homeless Management Information System remains challenging.

**Table D.3: PATH Achieve Glendale
FY 2009-10, through December 2009**

(unduplicated clients)	Cumulative		Cumulative
Homeless Individuals	505	15 and below	336
Chronic Homeless	129	16-24	151
Homeless Families	*265	25-49	665
(Individuals)	796	50+	264
Female	715	Housing (emergency)	345
Male	705	Housing (transitional), <i>average stay 53 days</i>	**66
		Housing (permanent)	242
Hispanic	436	Moving assistance	40
African American	527		
White	404	Job training	60
Asian/Pacific Islander	26	Job placement	6
Native American	19	CalWORKs	2
Other	8	General Relief and Food Stamps	27
Case management (level 3)	183	Medi-Cal/Medicare	2
Number of cases per case manager	76	SSI/SSDI	23
		Health care	32
		Life skills	13
		Mental health care	30
		Social/community event	20
		Substance abuse treatment (outpatient)	47
		Substance abuse treatment (residential)	1
		Transportation	61

*A total of 796 individual family members was served; the number of families was calculated by dividing by three (estimated average family size).

**FY 2008-09 Transitional and permanent housing placement was estimated based on the ratio of transitional to permanent housing placements indicated in HMIS reports. The total number of placements (61 residents) was verified by an Emergency Housing Program report.

Action Plan: PATH Achieve Glendale's Access Center will continue to provide case management and other supportive services to the region's homeless population. The outreach team will continue to provide case management for the families and individuals of Glendale's Winter Shelter Program. The Access Center will initiate a drive to further inform regional service providers about PAG services to recruit individuals and families that can use case management and emergency services.

Client Success Story: For over 20 years, Client A lived on the streets intermittently. She had a couple of marriages, bore two children, endured physical and mental abuse from both husbands, fled both men, took the kids and ended up on the street a homeless single parent, living on government benefits.

The client was born in an Italian detention camp during World War II; her father was Jewish, her mother a Hungarian Catholic. The family survived the war and came to the U.S., eventually landing in Los Angeles. The family, according to the client never outlived the chaos and uncertainty of the war. The client survived, but she also suffered wounds that never healed. At age 66, she was once again was the victim of an abusive relationship. Her partner held her semi-captive in a camper that they shared for nearly two years. Despite being challenged by a serious heart condition, she broke away and literally stumbled upon PATH Achieve Glendale and entered the emergency housing program.

During her 87 days at PATH Achieve Glendale, she was under the care of several doctors, was in surgery twice to receive and repair a pacemaker, was hospitalized twice for a few days, underwent a transfusion and two painful biopsies, and had numerous tests to determine if she had cancer. Through it all, she was adamant that she wanted her own place. Regardless of her precarious physical health or perhaps because of it, she tenaciously pursued her housing goals. She was referred to an affordable Single Room Occupancy (SRO) unit by her case manager. She moved into the SRO with a microwave and refrigerator provided by PATH Achieve Glendale. It has been a long road; a difficult life. The client now has an address, a key to her own room, privacy, and dignity.

28) Pre-Development Revolving Loan Fund (RLF)

Goal: Affordable housing developers will receive loans directly from the Los Angeles County Housing Innovation Fund, LLC (LACHIF) to build much needed affordable housing in Los Angeles County.

Budget: \$20 million (One-Time Funding)

Table D.4: Pre-development Revolving Loan Fund	
FY 2009-10, through December 31, 2009	
Number of applications received that are eligible for the RLF.	6
Number of projects with a complete environmental review within 90 days	1
Number of projects with environmental clearance	1
Average amount of time from receipt of application to loan approval	-
Dollar (\$) amount of loans distributed by LLC	-
Average length of time from loan close to loan maturity date	-
Average length of time from anticipated construction start to end date	-
Number of loans approved	-
Number categorized as predevelopment	-
Number categorized as land acquisition	6
Number of loans by Supervisorial District	
Supervisorial District 1	3
Supervisorial District 2	-
Supervisorial District 3	-
Supervisorial District 4	1
Supervisorial District 5	2
Number of special needs households to be served by each loan	42
Number of low-income households to be served by each loan	291
Number of proposed total and affordable housing units	333
Number of housing units to be developed at 60% or below AMI	291
Number of housing units to be developed at 35% or below AMI	42
Number of reports collected on time from LLC	1
Number/percent of lost loans (live to date)	-

Successes: The Los Angeles County Housing Innovation Fund (LACHIF) has been restructured. The Fund was anticipated to close in early January 2010.

Challenges: Current market conditions have made it difficult to attract new investors to the Fund.

Action Plan: The Low Income Investment Fund and CDC staff continue to market and negotiate with potential investors.

Client Success Story: Hudson Oaks, a 46-unit affordable housing senior community in the City of Pasadena, is requesting \$3.7 million from the Fund, which would be the first loan to be financed by the Fund.

29) Project Homeless Connect

Goal: Provide individuals and families with connections to health and human services and public benefits to prevent and reduce homelessness.

Budget: \$45,000 (One-Time Funding)

Project Homeless Connect (PHC) is designed to bring government, community-based, and faith-based service providers together, as well as other sectors of the local community, to provide hospitality, information, and connections to health and human services and public benefits to homeless individuals and families. PHC provides a unique opportunity for homeless individuals and families to access services in a supportive, community-based, "one-stop shop" setting. The Los Angeles County, Chief Executive Office (CEO) participates as the lead organizer for local PHC Day events, which normally take place during the first week of December; however, recent need and popularity of PHC Day has resulted in events on an ongoing, year-round basis. In December 2010, over 2,000 participants were connected to services through PHC.

Successes: Table D.3 shows the total number of PHC participants who were linked to emergency, transitional, and permanent housing by fiscal year.

Challenges: With the current economic condition and the fact that families and individuals are losing their homes due to property foreclosures, future Project Homeless Connect events will need to continue to target the at-risk population.

Table D.5: Project Homeless Connect

Fiscal Year	Emergency Housing	Transitional Housing	Permanent Housing
FY 2006-07	59	-	70
FY 2007-08	117	19	-
FY 2008-09	235	78	25
FY 2009-10	245	123	81
Total	656	220	176

V. CITY AND COMMUNITY PROGRAM (CCP)

Capital Projects

Successes: A total of nine capital projects are funded under the CCP, and the Bell Shelter project has been completed. The Community Development Commission (CDC) is in constant contact with all of the capital developers regarding the projects. The CDC has set up internal tracking systems to monitor project progress. The timeline for execution is being determined based on the need of each grantee. It is customary for grants to be executed near the start of construction. Loan agreements are being finalized for three capital projects.

Challenges: The progress of many projects has been delayed by the State budget freeze, and one project (Century Villages at Cabrillo) is still awaiting State funding. One project (Mason Court) is in need of additional gap financing.

Action Plan: Continuing from the previous quarter: the CDC is determining with each developer, whether or not to enter into the grant agreements soon or if it is best to wait until near the beginning of construction to avoid the necessity of several amendments. The CDC staff will provide technical assistance and conduct site visits to projects that are not under the oversight of any other public agency.

Cumulative Expenditures to Date: \$5,823,533

Service Projects

Successes: To date, the Community Development Commission (CDC) has executed 15 service contracts that are in full implementation. Four additional service contracts will be executed upon completion of the capital component of these projects.

Programmatic and financial monitoring of projects began in September and continued through December, with our initial nine engagements completed and another three scheduled in the next couple of months. We plan to visit all agencies before the end of the Fiscal Year. The results so far reveal that the programs are being implemented as proposed and costs are properly supported. Only minor deficiencies in internal control and administrative procedures have been noted.

Most agencies have recruited program staff, and have developed subcontract agreements with their identified collaborators. Most have been expending funds, with the exception of two agencies planning to do so in the next months. To that end, the CDC has assisted a number of agencies in the submittal of payment requests and required documentation to support expenditures. Projects that had a slow start needed time to hire for key positions and to coordinate with subcontractors to ensure they meet all CDC requirements. Additionally, four service projects will not start until their capital project component is completed. At this point, with the downturn in the economy and difficulty with developers finding capital startup funds, the service component of some of these projects has been delayed.

Challenges: Cloudbreak Compton, one of the developers, notified us that they are not ready to begin construction at this time due to loss of funding. CDC has requested a meeting with Cloudbreak Compton to address their capacity to carry out the construction, and determine if contract should be terminated.

The City of Pomona Community Engagement & Regional Capacity Building has experienced delays in getting started. As requested by the CEO, a portion of this contract has been allocated to another homeless organization. The City has submitted a formal amendment request and revised scope of services and budget, which we have reviewed and approved. Next quarter, the City of Pomona will begin hiring staff, and submitting payment reimbursements.

The CDC currently has a vacancy in one of its two HHPF program Analyst positions. CDC is recruiting for this position and expect to hire within two months. In the meantime, the remaining Analyst, who is familiar with all of the HHPF programs, will cover all HHPF agencies until a replacement analyst can be hired and trained. No disruption in CDC services is anticipated.

Action Plan: CDC will continue to implement the programmatic and financial monitoring of the projects, which began in September 2009. Nine monitoring visits have been completed, and three more are scheduled for the coming months. CDC plans to visit all agencies on a quarterly basis and will adjust the priority of these visits based on the results of previous monitoring reviews.

Cumulative Expenditures to Date: \$4,721,678

30. City and Community Program (CCP)

- a. A Community of Friends (ACOF) – Permanent Supportive Housing Program
- b. Ocean Park Community Center (OPCC) HEARTH
- c. Catalyst Foundation for AIDS Awareness and Care – Supportive Services Antelope Valley
- d. Homes for Life Foundation – Vanowen Apartments
- e. Hope Gardens Family Center (Union Rescue Mission)
- f. National Mental Health Association of Greater Los Angeles – Self-Sufficiency Project for Homeless Adults and TAY in the Antelope Valley
- g. National Mental Health Association of Greater Los Angeles – Self-Sufficiency Project for Homeless Adults and TAY in Long Beach
- h. Skid Row Housing Trust – Skid Row Collaborative (SRC2)
- i. Southern California Alcohol and Drug Programs – Homeless Co-Occurring Disorders Program
- j. Special Service for Groups (SSG)
- k. Volunteers of America Los Angeles – Strengthening Families
- l. Women's and Children's Crisis Shelter
- m. City of Pomona: Community Engagement and Regional Capacity Building
- n. City of Pomona: Integrated Housing and Outreach Program

30a) A Community of Friends (ACOF) - Permanent Supportive Housing Program

Budget: \$1,800,000 (City and Community Program)

Table E.1: ACOF

July 1, 2008 – December 31, 2009

(unduplicated count)	Cumulative		Cumulative
Homeless Individuals	206	Education	87
Chronic Homeless	37	Job training, referrals	28
Homeless Families	125	Job placement	21
Female	339	CalWORKs	81
Male	293	General Relief w/Food Stamps	48
Transgender	1	General Relief only	4
		Food Stamps	4
Hispanic	148	Medi-Cal/Medicare	264
African American	361	Shelter Plus Care	207
White	109	SSI/SSDI	250
Asian/Pacific Islander	7		
Native American	-	Alternative court	3
Other	8	Case management	368
<i>More than one race/ethnicity may be selected</i>			
		Life skills	294
		Mental health	267
15 and below	186	Health care	174
16-24	72	Social/community activity	267
25-49	238	Substance abuse treatment (outpatient)	91
50+	137	Substance abuse (residential)	5
		Transportation	183
Moving assistance	12	Residential management support	176
Eviction prevention	52		
Rental subsidy	368	Case management (level 2)	
Housing (permanent)	368	Average hours per case:	7 hours
		Total number of hours:	7,410 hours
		Caseload:	16 cases

Longer-term Outcomes (at six or more months)

Continuing to live in permanent housing	309
Receiving rental subsidy	309
Obtained employment	6
Maintained employment	21
Enrolled in educational program, school	40
Received high school diploma/equivalent	3
Case management	305
Health care	165
Good or improved physical health	161
Mental health care	230
Good or improved mental health	200
Recuperative care	4
Substance abuse treatment (outpatient)	78
Substance abuse treatment (residential)	3
No drug use	2
Reunited with family	4

Successes: A Community of Friends (ACOF) is pleased to report that the HPI funding has led to the continued successful collaboration with the Housing Works Mobile Integrated Service Team (MIST team). Collaboration with the MIST team continues to provide for intensive case management services for at risk tenants and tenants with specific needs. HPI funding also provides much needed on-going supportive services and case management and sites in need of such services. Additionally, HPI funding allows for additional supportive services through Resident Management support systems and provides for needed property maintenance. The ACOF case management staff, with the assistance of the MIST team, helped 293 formerly homeless individuals and families maintain housing stability for 12 months or more. Furthermore, 43 have maintained their housing for 18 months or more. The MIST team and case management staff have met regularly to ensure a continued overlay of needed services for "at risk" tenants, played an integral role in preventing evictions for those residents in jeopardy of losing housing, and case management staff has been able to ensure that the majority of residents remain permanently housed in a safe and healthy environment.

Housing Retention (N=368)

All Current Tenants	341	93%
6 months or more	309	84%
12 months or more	293	80%
18 months or more	43	12%

Challenges: Significant differences were noted between the first status report and agency data. ACOF staff discovered some data had been miscalculated due to a combination of factors. The reporting tool has been a challenge because it is primarily directed at programs with new populations rather than those with existing populations such as permanent supportive housing. For this reason, data collection has been an ongoing challenge. This issue has been addressed numerous times with HPI staff and changes continue to be made to improve data collection. Data aggregation is also a challenge.

On the program side, challenges the tenants face include on-going struggles with substance abuse, correctly budgeting funds each month, managing medication, and improving life skills to a level which increases self sufficiency.

Action Plan: ACOF is working diligently with onsite supportive services staff to provide accurate report data. ACOF will be conducting a services department training to clarify the reporting process and introduce new tracking tools and monitoring procedures that will ensure the correct capture of data. In addition, ACOF has discussed with HPI staff and established baseline data from which to build upon. The baseline data, as reported in this current report, is accurate to the fullest and most reasonable extent possible. Case management staff will continue to work with the MIST team to focus on those individuals most at risk of losing their housing. In addition, case management staff will work with Resident Managers on "best practices" to increase support in those instances when case management staff are unavailable on nights and weekends.

Client Success Story: Tenant C is a 35-year-old female resident with two daughters ages eight and 15. She became homeless after a relationship abruptly ended and she did not have enough money to support herself and her two children. Many years before, she had been diagnosed with depression and borderline personality disorder and these life stressors only contributed to a reemergence of her symptoms. Her mental illness and the family's housing instability interfered with her ability to go to school, maintain a regular job, and have positive relationships with others.

Even after Tenant C and her family were permanently housed at Amistad Apartments, a project of A Community of Friends, she continued to struggle with her mental illness including dealing with issues of trust and low self-esteem. In addition, her constant complaints and negative comments towards others made it extremely difficult for her to get along with her neighbors. The onsite support staff worked diligently and persistently to develop a positive working relationship with this family. When the onsite residential services coordinator began working with Tenant C and her family, they met several times a week to address her numerous complaints about other residents. The residential services coordinator provided her with the time and space to vent that nobody else had before. In addition, onsite staff assisted her with mediating with her neighbors and diffusing the tensions among neighbors. This helped to gain her trust and provided a foundation from which to address her mental disability and the serious personal issues affecting her livelihood and wellbeing. After many months, onsite supportive services staff was finally able to help her refocus her energy on herself and her family and all the positive things that they were working on. This helped the resident reduce the amount of time she dedicated to complaining about others and learn to focus on the more positive things in her life.

With time and continuous support from onsite supportive services, Tenant C began making great strides in coping with her disability. Her self-esteem increased, her fear of failure decreased, and she became much more independent. She realized that it was acceptable and appropriate for her to take care of herself and she began taking better care of her overall health. In turn, this helped her to take better care of her family. In addition, she has been able to focus on achieving some of her goals such as getting a driver's license. For years she was consumed by fear and simply did everything possible to avoid taking her driving test. About six months ago, the residential services coordinator provided her with the latest copy of the DMV Driver Handbook and consistently encouraged her to begin studying the material. After months of putting it off, Tenant C recently worked up the courage to take her test and passed. She can now visit family and friends whenever she wants and she can finally begin working on her goal of operating a small business using her previous training and education. Despite being certified over 4 years ago, she never felt capable of using her skills and training to promote her business and increase her family's income. With her brand new driver's license, support from her new husband, and her new found self-esteem and motivation, for the first time in years, Tenant C is optimistic about her future. Tenant C is currently working to improve her credit and she and her family are saving up to attain the American dream of buying their first home.

	Quarter
Number of organizations that your program has a formal collaboration for this project	1
Number of times collaborative partners met each month	39
Total amount (\$) of HPI funding leveraged for project	\$1,775,550
Percent of HPI funding leveraged for project	33%
Number of participants who have enrolled into program during the reporting period	23
Number of participants who left the program during this period	8
Total number currently enrolled in program	341
Number of clients who received an assessment (if applicable)	23
Cost per participant	\$2,645
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	24
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	9
Program Specific Question:	
Number of participants who received benefits (as a result of the program)	368

30b) Ocean Park Community Center (OPCC) HEARTH

Budget: \$1,200,000 (City and Community Program)

Table E.2: OPCC HEARTH
FY 2009-10, through December 31, 2009

(unduplicated count)	Cumulative		Cumulative
Homeless Individuals	544	Education	-
Chronic Homeless	280	Job training, referrals	2
Transition Age Youth	47	Job placement	1
Female	289	Food Stamps	1
Male	582	Shelter Plus Care	5
		Section 8	7
		SSI/SSDI	1
Hispanic	66	Medi-Cal/Medicare	1
African American	243		
White	513	Case management	144
Asian/Pacific Islander	12	Life skills	22
Native American	6	Mental health	9
Other	31	Health care	871
		Social/community activity	35
		Recuperative care	106
15 and below	12	Substance abuse (outpatient)	9
16-24	74	Transportation	54
25-49	434	California identification	6
50+	351	Veterans	2
		Legal	3
Moving assistance	10	Locker	9
Housing (emergency)	40		
Housing (permanent)	23	Case management (level 3)	
Housing (transitional)	22	Average hours per case:	115
(Average 32 days in temporary housing)		Total number of hours:	345
		Caseload:	20
Longer-term Outcomes (six or more months)			
Continuing to live in permanent housing			4
Receiving rental subsidy			2
Case management			18
Health care			13
Good or improved physical health			11
Mental health care			1
Good or improved mental health			1

Successes:

- OPCC Project HEARTH provided 196 homeless individuals with primary health care from two Venice Family Clinic physicians co-located at OPCC Access Center.
- Twelve clients receiving health care became engaged in case management services.
- Ten clients achieved temporary housing (three individuals obtained transitional housing, seven individuals obtained emergency shelter).
- Nineteen individuals received respite care at OPCC Samoshel referred by Venice Family Clinic co-located at OPCC Access Center and two local hospitals (St. Johns Health Center and Santa Monica/UCLA Medical Center) with 47% obtaining temporary or permanent housing following a three week respite stay.
- Three clients received Section 8 vouchers or other subsidized housing and are conducting an apartment search.

Challenges:

- Lack of low-income housing options for medically vulnerable individuals who do not always qualify for federal housing.
- Lack of the necessary income to expand affordable housing options.
- Few housing and income resources exist for undocumented clients.

	FY
Number of organizations that your program has a formal collaboration for this project	4
Number of times collaborative partners met each month	2
Total amount (\$) of HPI funding leveraged for project	\$2,239
Percent of HPI funding leveraged for project	54%
Number of participants who have enrolled into program during the reporting period	196
Number of participants who left the program during this period	-
Total number currently enrolled in program	513
Number of clients who received an assessment (if applicable)	25
Cost per participant	\$330
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	n/a
Program Specific Question:	
Number of participants who received benefits (as a result of the program)	17

Action Plan:

- Continue to improve the process of discharging homeless patients from the local hospitals into the respite program (through scheduled OPCC Project HEARTH orientations to hospital personnel).
- Refer housed clients for in-home supportive services.
- Utilize interns to assist staff in providing home visit support for clients.
- Utilize interns to look for alternative housing options.

Client Success Story: Client J, a 62-year-old veteran, has been chronically homeless for 20 years due to financial issues and mental illness. At the beginning of 2009, he was connected to OPCC Project HEARTH case management and primary health care. Initially he was resistant to housing, and staff worked diligently, encouraging him to access resources available to him. After accepting much support through OPCC Project HEARTH, the client entered the VASH Program, a federal housing program for homeless veterans. He received his VASH housing voucher in December 2009 after months of waiting and located an apartment in Santa Monica. He moved into his first apartment in January 2010, after living two decades on the street.

30c) Catalyst Foundation for AIDS Awareness and Care - Supportive Services Antelope Valley
 Budget: \$1,800,000 (City and Community Program)

Table E.3: Catalyst Foundation
 FY 2009-10, through December 31, 2009

	Cumulative		Cumulative
At-risk Individuals	1,294	Education	386
At-risk Families	225	Job training	1
Homeless Individuals	24	Job placement	2
Homeless Families	15	CalWORKs	1
Chronic Homeless Individuals	12	General Relief	51
		General Relief and Food Stamps	4
Female	814	Food Stamps	1
Male	929	Medi-Cal/Medicare	5
Transgender	5	Section 8	2
		Case management	161
Hispanic	562	Health care	854
African American	553	Life skills	400
White	506	Mental health care	225
Asian/Pacific Islander	16	Transportation	145
Native American	10	Food	412
Other	83	Pet food/vet care	133
		Social/community activity	32
15 and under	23	Substance abuse treatment (residential)	1
16-24	646	Substance abuse treatment (outpatient)	2
25-49	573	Moving assistance	3
50+	241	Eviction prevention	10
		Rental subsidy	24
		Housing (emergency); avg. stay 120 days	1
		Housing (permanent)	2
Longer-term outcomes (six or more months)			
Continuing to live in housing			394
Obtained employment			2
Maintained employment			2
Case management			134
Health care			137
Mental health care			33
Substance abuse treatment (outpatient)			3
No drug use			3
Level 1 case management services			
Average for each participant per month		Quarter	2 hours
Total hours for all participants			67 hours
Number of cases per case manager			67 cases
Number of organizations/agencies that your program has a formal collaboration for this project			33
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			\$533,000
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			40%
Number of participants who have enrolled (entered) into program during the reporting period			426
Number of participants who left the program during this period			-
Total number currently enrolled in program			426
Number of clients who received an assessment (if applicable)			67
Cost per participant			\$150
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			n/a
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			n/a

FY 2008-09 may include duplicated counts. For FY 2009-10 to date, a total of 295 individuals and 99 families were served; complete demographic information was provided for head-of-household.

Successes: The Catalyst Foundation continues to provide a continuum of services under one roof. We have been successful in informing existing clients who are homeless and at risk for homeless of the availability of our expanded services. These include clients who access medical care and supportive

services through the Catalyst clinic, as well as incarcerated teens and adults who participate in health educational programs at local prisons. A quarterly Catalyst Consumer Advisory Board Meeting was held during December, composed of clients who are representative of all groups served by Catalyst. This body meets quarterly to input consumer values, direction, development, implementation, and evaluation of Catalyst services. Moreover, they participate in activities such as outreach, creation of clinic and supportive services client materials. Furthermore, they provide feedback on stigma, discrimination and cultural competency issues. In addition, participants were able to form a leadership team where they presented recommendations on types of support groups that staff will begin to implement. Results from consumer surveys about the quality, timeliness, access to services, and an overall scores range between 4-5 on a scale of 1-5; 5 being excellent and 1 being poor. The program staff value participants' input and feedback and are committed to utilizing the tool to improve services.

Challenges: Due to the tough economic times and high rates of foreclosures in SPA 1; more people are trying to access program services. Currently, there is a waiting list with many people qualifying for services. However, it has been difficult to meet the needs of everyone applying for services.

Action Plan: The Director of Supportive Services will continue to train and support staff to provide assistance to participants. The waiting list for the food program will be reviewed weekly and clients that are on that waiting list will be contacted once an opening occurs. Volunteers work as part of our team to assist with the distribution of groceries and administrative/data entry tasks. The Director of Supportive Services will continue to meet with the data management team to come up with effective ways of collecting and reporting data. People on the waiting list are provided with information and referrals to other resources. Housing assistance and eviction prevention services are provided to those that meet the eligibility criteria. In addition, clients who meet criteria for the Recovery Act's HPRP program are referred to the City of Palmdale and Lancaster.

Client Success Story: Emergency housing was provided to a family of eight. They were in the process of moving into permanent affordable housing, when they were illegally asked to vacate their home. We immediately linked them to a housing rights center that provided assistance by educating and advocating for the family. In the meantime, the program placed the family in a hotel for one week, and they were finally able to move into safe, affordable housing. In addition, we assisted the family with a move-in assistance grant that allowed them to pay for their first month's rent and security deposit.

30d) Homes for Life Foundation – Vanowen Apartments

Budget: \$738,310 (City and Community Program)

Table E.4: Homes for Life Foundation – Vanowen Apartments
FY 2008-09, January - December 2009

(unduplicated clients) *	Cumulative		Cumulative
Homeless Individuals	13	Housing (permanent)	25
Chronic Homeless Individuals	2	Rental subsidy	25
At-risk Individuals	10		
		Case management	25
Female	10	Life skills	25
Male	15	Mental health care	25
		Substance abuse treatment (outpatient)	5
Hispanic	2		
African American	6	Medi-Cal/Medicare	25
White	13	SSI/SSDI	25
Asian/Pacific Islander	3	Social/community event	25
Other	1		
25-49	13		
50+	12		
<hr/>			
Number of participants who have completed at least two life skills courses			-
Number of participants who completed at least two personal goals set forth in their ISP			8
Longer-term Outcomes (at six months)			
Continuing to live in housing			23
Receiving rental subsidy			23
Case management			23
Health care			23
Good or improved physical health			23
Mental health care			23
Good or improved mental health			23
Case management (level 2)			
Average for each participant per month			4 hours
Total hours for all participants			300 hours
Number of cases per case manager			12 cases
<hr/>			
Number of organizations/agencies that your program has a formal collaboration for this project			10
Number of times collaborative partners met each month			1
Total amount (\$) of HPI funding leveraged for project			-
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			-
<hr/>			
Number of participants who have enrolled (entered) into program during the reporting period			1
Number of participants who left the program during this period			1
Total number currently enrolled in program			24
Number of clients who received an assessment (if applicable)			25
Cost per participant			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			-

Note: An unduplicated number of clients is provided in this report. Previous reports showed a duplicate number.

Successes: A total of 23 of 24 original residents have maintained their housing. One new tenant has settled in very well.

Challenges: The program experienced the loss of one resident who passed away during this quarter.

Action Plan: Clinical staff work closely with other residents to assist with additional counseling as needed.

Client Success Story: Client L is currently a tenant of HFLF, Vanowen Apartments. Before L occupied the apartment, he had his share of tumultuous events that included incarceration, physical injury, mental health struggles and other challenges. L recalls that he was on the waiting list for HFLF for over three years. During that time, he was in several transitional living programs, which provided him with a warm safe place to sleep, but he felt that he was not living up to his potential in those environments. When he

was accepted to HFLF, he was a bit overwhelmed, but after just three months in the apartments he felt that he had a new sense of purpose. Currently, L is thriving at the HFL Vanowen Apartments. He regularly accesses the services provided at the wellness center next door. He volunteers on a regular basis at a retirement home close to the apartments. He has taken job skills classes as well as held a part-time job. L also has made a large commitment to finding a creative outlet, by continually writing music, poetry and shorts stories which he reads with great pride to other residents and staff. L sees the apartment as a community. He invites people over for dinner and takes great interest and care with all the residents. L is a great example of how an individual in the right environment can be inspired to better their life. In closing, here is a quote from L. When asked what the HFLF apartments meant to him, he stated "HFLF does not guarantee I will not slip back into my mental illness, but it does give me the best chance of succeeding in all that I want to do with my life. I could not ask for a more supportive and caring place to live."

30e) Hope Gardens Family Center – Union Rescue Mission (URM)

Budget: \$1,853,510 for services and \$646,489 for capital (City and Community Program)

Table E.5: Hope Gardens FY 2008-09, January - December 2009			
(unduplicated count)	Cumulative		Cumulative
Homeless Families	60	CalWORKs	149
(individuals)	189	Food Stamps	152
		Medi-Cal/Medicare	144
Female	109	Section 8	5
Male	56	SSI/SSDI	6
		Veterans	3
Hispanic	43		
African American	79	Case management	87
White	25	Life skills	59
Asian/Pacific Islander	4	Mental health	78
Other	14	Health care	53
		Social/community activity	90
15 and below	95	Substance abuse treatment (outpatient)	33
16-24	16	Transportation	92
25-49	44		
50+	6	Case management (level 1)	
		Average hours per case:	15
Moving assistance	23	Total number of hours:	60
Housing (emergency)	10	Caseload:	11
Housing (transitional), average 259 days	146		
Housing (permanent)	20	Education	100
		Job training, referrals	40
		Job placement	18
Longer-term outcomes (6 months)			
Continuing to live in housing			6
Case management			2
Mental health care			1
Good or improved mental health			1
Substance abuse treatment (outpatient)			1
No drug use			1
Reunited with family			2

Successes: During the second quarter, the program transitioned three families (six individuals) of which two families (four individuals) relocated into permanent housing and one family (two individuals) transitioned back into emergency housing because of non-compliance, but subsequently the family was placed into permanent housing with the assistance of the Hope Gardens Case Management Team. During the course of this fiscal year, Hope Gardens transitioned nine of 42 families receiving services at our transitional living facility and 33 remain in the program. The families transitioned into the following areas:

- Eight families (17 individuals) were housed in Fair Market Housing.
- One family (five individuals) transitioned to a more appropriate transitional housing setting.

- One family (two individuals) was transitioned into emergency housing; but subsequently the family was placed into permanent housing with the assistance of the Hope Gardens Case Management Team.

Challenges: Hope Gardens, as a result of the downturn in the economy, is facing challenges in locating sustainable housing and employment options for families. The community is facing unprecedented challenges trying to secure affordable housing and the gap is widening. Many developers receive Tax Credits, but very few units are allocated to homeless families, especially those with substantial barriers. Set-aside affordable housing units are marketed to low-income residents, which widens the gap for hard to serve homeless families to qualify for housing. Many homeless families are ineligible for low-income housing, because they do not have sufficient income to meet the minimum income standards. Hope Gardens staff are addressing the challenges of each family individually and holistically to identify barriers that have kept them from achieving (and exceeding) their goals.

Hope Gardens Family Center continues to learn, evaluate and modify program services to meet the demanding needs of the diverse population. Many of families face additional challenges in the area of housing affordability. For example, most of the mothers do not have marketable job skills or a work history and continue to depend on housing vouchers from various programs. Many federally funded programs have been unable to secure or provide new vouchers, which leaves families frustrated and feeling like they do not have options. Other are burdened with the enormous task of securing living wage employment with minimal job skills. Still others have been unsuccessful in finding affordable/subsidized housing to meet their individual family needs.

Number of organizations/agencies that your program has a formal collaboration for this project	2
Number of times collaborative partners met each month	4
Total amount (\$) of HPI funding leveraged for project	\$249,600
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	41%
Number of participants who have enrolled (entered) into program during the reporting period	8
Number of participants who left the program during this period	6
Total number currently enrolled in program	106
Number of clients who received an assessment (if applicable)	3
Cost per participant	-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	-
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	-

Action Plan: As a result of these economic hardships, Hope Gardens has increased resources and staffing in the Employment/Vocational Development Department to assist families in securing employment or increasing their skill/educational levels in this demanding economic market. The Hope Gardens Design Center has recently opened and women are working with Designers from the Fashion Industry to develop a career path. In collaboration with Raven & Lily, a full-time apprentice manages the design center. Hope Gardens has also appointed an additional four women as apprentices, which allows these mothers to put into practice a variety of new and expanded skills and at the same time receive a monthly stipend for their training hours. The Vocational Development team continues to work with potential employers to secure employment outside of Hope Gardens within six to nine months after any apprenticeship training. The program is proud to announce that one mother has secured employment with the County of Los Angeles as a Clerk. It is our hope that within the next six months she will have attained stability with her employment so that she and her son may begin the transitional process into sustainable permanent housing.

Hope Gardens is moving ahead with the final renovation phase for the Sycamore building, which will increase capacity by 13-15 additional families (10 double rooms). The program hopes to receive additional support staff to cover the increased number of guests. Program management consistently evaluates changes in the external environment and is working through challenges that are presented in program design and systemic barriers with families. This includes establishing very realistic and specific timelines and individualized service plans with each family without trying to fit them into a "one size fits all" mold that is unachievable for many families. It is the program's goal to increase the number of families

being served until maximum capacity is reached and once renovations are completed on additional buildings.

Client Success Story: "I am a single mom of one child with a history of substance abuse. During my pregnancy I consumed substances and my child was immediately removed from my custody upon birth. I questioned myself, how would I secure custody of my son, I had made a terrible mistake. I did not know where to turn as my stay in the maternity home was being terminated and other alternatives seem a long shot. It appeared that I would not be able to reunify with my son unless I had some type of temporary housing stability. As a single mother without child the only options was SRO housing. However, we searched and found Hope Gardens which works with single mothers working through the Department of Children's and Family Services to reunify families. When I arrived at Hope Gardens, I was certainly in denial about my substance abuse history. I was angry and wanted to challenge the entire system of care but was counseled against causing any more damage to my case. I had a tremendous amount of classes, drug testing, drug treatment, visitation, and other additional requirements imposed by the Department. Throughout this process I found guidance, safety and refuge as the staff at Hope Gardens walked me through the process every step of the way. I did obtain custody of my son and am really proud of my accomplishments thus far.

I completed the Drug Treatment/testing program, parenting classes and others requirements and remain focused and sober. I would not want to face this type of challenge nor would I recommend any mother subject herself and/or her children to this type of trauma. Although my son was little and probably won't remember his removal, I had to fight to make sure that he was returned to my custody before he bonded with someone else. Throughout my journey however, I have found other mothers and children who were not so lucky, children who were removed and remember the trauma and the emotional scars that remain.

Union Rescue Mission/Hope Gardens has offered my family more than transitional housing; they have embraced every aspect of our lives. They made accurate assessments of my needs and helped me to focus on my primary goals. This was to regain custody of my son and obtain permanent housing. I am currently working towards returning to Florida where my family is awaiting our return. My family has committed to assist us with housing, either on our own or with my parents and I plan on returning to school to obtain my Bachelors Degree. We are still walking through this difficulty journey. I have a happy, well balanced son and with the loving support and knowledge shared with my family, I believe that we will be able to accomplish our goals."

30f) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
Budget: \$900,000 (City and Community Program)

Table E.6: Self Sufficiency Project for Homeless Adults and TAY Antelope Valley
FY 2008-09, January - December 2009

(unduplicated count)	Cumulative		Cumulative
Homeless Individuals	46	Shelter Plus Care	5
Chronic Homeless Individuals	67	Veteran's benefits	1
		General Relief and Food Stamps/GR	11
Female	52	Medi-Cal/Medicare	6
Male	61	SSI/SSDI	11
		CalWORKs	4
Hispanic	23	Case management	81
African American	62	Mental health	58
White	54	Health care	40
Asian/Pacific Islander	1	Social/community activity	30
Native American	2	Substance abuse treatment (residential)	2
<i>More than one race/ethnicity may be selected</i>		Substance abuse treatment (outpatient)	2
16-24	17	Transportation	74
25-49	67	Life skills	2
50+	29		

Moving assistance	10	Case management (level 3)	
Eviction prevention	3	Average hours per case:	80
Housing (emergency)	2	Total number of hours:	80
Housing (transitional)	14	Caseload:	30
Housing (permanent)	20	Average stay in emergency housing:	6 months
		Number to permanent housing:	4 participants
Education	3		
Job training	30		
Program Specific Measures		Quarter	
Number of TAY who have obtained a technical school or college degree while in program			-
Number of participants who have a primary care physician			4
Number of participants who have a dentist			1
Number of participants with good or improved recovery status (substance abuse)			1
Longer-term Outcomes (at six months)			
Continuing to live in housing			28
Case management			72
Good or improved physical health			3
Good or improved mental health			78
Substance abuse treatment (outpatient)			25
No drug use			1
Reunited with family			2
		Quarter	
Number of organizations/agencies that your program has a formal collaboration for this project			-
Number of times collaborative partners met each month			-
Total amount (\$) of HPI funding leveraged for project			\$78,658
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			80%
Number of participants who have enrolled (entered) into program during the reporting period			23
Number of participants who left the program during this period			31
Total number currently enrolled in program			103
Number of clients who received an assessment (if applicable)			23
Cost per participant			\$698

Successes: The program successfully assisted members with move in costs which allow members to be placed in permanent stable housing.

Challenges: It has been challenging to have members follow through with continuous care and case management.

Action Plan: The program continues to research and locate more affordable housing as well as build more community relationships. Staff will continue to outreach and connect with distant members in the community.

Client Success Story: An extremely disabled member had no legal document, income housing, and her husband disappeared. Staff worked together and helped her obtain all legal documents, advocated and obtained SSI benefits for her. She is now in stable housing and doing well.

30g) National Mental Health Association of Greater Los Angeles – Self Sufficiency Project for Homeless Adults and TAY Long Beach

Budget: \$1,340,047 (City and Community Program)

Table E.7: Self Sufficiency Project for Homeless Adults and TAY Long Beach
FY 2008-09, April – December 2009

(unduplicated count)	Cumulative	Cumulative
Homeless Individuals	55	Case management 67
Chronic Homeless Individuals	27	Job placement 17
Transition Age Youth	8	Benefits assistance/advocacy 3
		Bus tickets *336
Female	15	*number of tickets
Male	75	Transportation 45
		Housing (emergency) 18

Hispanic	18	Average stay in emergency housing (day)	4
African American	25	Housing (permanent)	12
White	40	Rental subsidy	2
Native American	1		
Other	5	Job training	9
<i>Demographics do not match total population.</i>		Job placement	7
16-24	9	Mental health	27
25-49	42	Health care	2
50+	39	General Relief and Food Stamps	2
		Medi-Cal/Medicare	6
Case management (level 3)		SSI/SSDI	9
Average hours per case:	14		
Total number of hours:	428		
Caseload:	10		
Program Specific Measures			
Number of TAY who have obtained a technical school or college degree while in program		Quarter	-
Number of participants who have a primary care physician			12
Number of participants who have a dentist			3
Number of participants with good or improved recovery status (substance abuse)			1
Longer term Outcomes (at six months)			
Continuing to live in housing			6
Obtained employment			19
Maintained employment			14
Enrolled in education program, school			1
Case management			60
Health care			3
Good or improved physical health			1
Mental health			21
Good or improved mental health			17
Substance abuse treatment (outpatient)			1
Reunited with family			7
		Quarter	
Number of organizations/agencies that your program has a formal collaboration for this project			1
Number of times collaborative partners met each month			-
Total amount (\$) of HPI funding leveraged for project			\$90,540
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			69%
Number of participants who have enrolled (entered) into program during the reporting period			31
Number of participants who left the program during this period			2
Total number currently enrolled in program			56
Number of clients who received an assessment (if applicable)			13
Cost per participant			\$1,128

Successes: The Benefits Specialist attended several trainings on effectively attaining benefits and has put these new tools to use with positive results. He is now receiving award notifications for SSI from the Social Security Administration for individuals that he has been working with for many months. The Housing Specialist is continuing to build great relationships with local property managers/owners which increased her ability to locate permanent housing for the project participants. She is also very skilled at providing in-home case management to support people as they transition from homelessness to housing. The Day Labor Specialist is continuing to meet employers in the community and increase job opportunities for participants. He connected two individuals to education programs that will graduate them to high-paying positions and also connected two individuals to full-time employment.

Challenges: It continues to be a challenge to find affordable housing, and also linking people to the various low-income resources that they need in order to sustain rent for their apartments. There is substantial need for eviction prevention funds, and this is accessed through another agency and their application process. The program remains focused on reminding triage staff of the enrollment requirements of this program to ensure all eligible people are referred and enrolled.

Action Plan: This upcoming quarter, the program is focused on linking TAY participants to education resources. The Housing Specialist will be attending trainings related to finding affordable housing and housing retention for individuals who have experienced homelessness due to co-morbidity. The program will also explore ways to streamline the process of obtaining eviction prevention funds from partnering agencies.

Client Success Story: Client E came into the Drop-In Center experiencing both chronic homelessness and severe mental health symptoms. He was connected to a psychiatric nurse practitioner for mental health treatment and to the Westside Neighborhood Clinic for physical health treatment. He then met with the Benefits Coordinator who assisted him with an SSI application and court advocacy. In November, he received SSI and Medi-Cal benefits, providing him with the resources to pursue housing. The Housing Specialist worked quickly and assisted him with locating an apartment by mid-November. The client utilized almost every resource this program provides, and the quality of his life has dramatically improved.

30h) Skid Row Housing Trust – Skid Row Collaborative (SRC2)

Budget: \$1,800,000 (City and Community Program)

Table E.8: Skid Row Housing Trust FY 2008-09, January – December 2009			
(unduplicated count)	Cumulative		Cumulative
Chronic Homeless Individuals	111	Case management	105
Female	32	Mental health	80
Male	79	Health care	76
		Life skills	64
Hispanic	6	Social/community activity	47
African American	91	Substance abuse treatment (outpatient)	76
Asian/Pacific Islander	19	Substance abuse treatment (residential)	5
Other ⁶⁷	1	Transportation	18
<i>More than one race/ethnicity may be selected</i>		Benefits advocacy	39
		General Relief and Food Stamps	11
16-24	2	Medi-Cal/Medicare	14
25-49	53	SSI/SSDI	14
50+	56	Legal	3
		Food	16
		Supervised volunteer work	24
Rental subsidy	111		
Housing (permanent)	111	Case management (level 3)	
Shelter Plus Care	111	Average hours per case:	8
Education	4	Total number of hours:	2,397
Job training	27	Caseload:	25
Job placement	5		
Longer-term Outcomes			
Continuing to live in housing			89
Receiving rental subsidy			89
Enrolled in education program/school			4
Case management			86
Health care			66
Good or improved physical health			58
Mental health			73
Good or improved mental health			62
Substance abuse treatment (outpatient)			65
Substance abuse treatment (residential)			3
No drug use			30
Reunited with family			63
Quarter			
Number of organizations/agencies that your program has a formal collaboration for this project			2
Number of times collaborative partners met each month			4
Total amount (\$) of HPI funding leveraged for project			\$206,925
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			72%
Number of participants who have enrolled (entered) into program during the reporting period			7
Number of participants who left the program during this period			7
Total number currently enrolled in program			97
Number of clients who received an assessment (if applicable)			13
Cost per participant			\$6,185
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			3
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			3

Successes: The integrated services staff put finishing touches on a new housing program called HealthyHome. This flexible, resident-initiated, strength-based program is designed to support tenants' recovery by helping them clearly identify challenges, set goals, and make healthy choices that facilitate achieving their goals. In addition to individual support provided by case managers and a recovery specialist, participants may choose from 30 on-site classes, groups, and activities as well as many off-site recovery oriented programs as part of their individualized HealthyHome program. The program launched in January 2010.

During February 3, 2009 to December 31, 2009, the program enrolled 117 residents. Twenty of these participants have left the program. Of the 97 participants in residents on December 31, 2009, 85% (82 residents) have been housed for over six months.

Challenges: No significant challenge was reported this quarter.

Action Plan: N/A

Client Success Story: This is a brief excerpt from "Changing Times", a monthly newsletter published by the Tenant Publications Committee. "This is my story" was written by a female resident living in the Abbey Apartments. "I am 44 years old and I have been addicted to crack cocaine for 28 years ... Having the stability of permanent housing has allowed me to address my addiction and mental illness in ways that I could never have done on my own. Since living in the building, I have been able to address my mental illness by meeting with a trained psychiatrist and a therapist. I have been able to reconnect with my children and become the mother that I have always wanted to be. I continue to address my addiction by attending a 12 step meeting in the community, and I am honored to serve as the secretary for the Abbey's All Fellowship/12 Step Meeting. I am happy to report that I have been clean and sober for the past 20 months. I am very grateful for the advocates at Skid Row Housing Trust. Their support allowed me to have a second chance in life. And I have not taken this opportunity for granted. This is my story."

30i) Southern California Alcohol and Drug Programs (SCADP), Inc. - Homeless Co-Occurring Disorders Program

Budget: \$1,679,472 (City and Community Program)

Table E.9: SCADP
FY 2009-10 through December 2009

(unduplicated clients)	Cumulative		Cumulative
Homeless Individuals	111	Housing (transitional)	3
Homeless Families	15		
(individuals)	39	Mental health care	161
Transition Age Youth	20	Substance abuse treatment (residential)	75
At-risk Individuals	29	General Relief	4
Chronic Homeless Individuals	17	<u>At six months:</u>	
Female	52	Continuing to receive mental health care	10
Male	132	Good or improved mental health	9
Hispanic	91	Average length of stay for residents (days)	86
African American	29	Residents discharged due to graduation	18
White	58	Discharge status for residents of transfer	3
Native American	6	Discharge status for residents of walk-out	8
Asian/Pacific Islander	1	Discharge status for residents, violated rules	13
15 and under	26		
16-24	22		
25-49	119		
50+	24		
Number of participants who have enrolled (entered) into program during the reporting period			61
Number of participants who left the program during this period			32
Total number currently enrolled in program			64
Number of clients who received an assessment (if applicable)			61
Cost per participant			\$800

Successes: This past quarter, the program began providing psychiatric services and therapy at two additional residential programs. Billing now occurs in a timely manner.

Challenges: More psychiatry hours are needed than the current psychiatrist has available. In addition, the program is looking into ways to capture 12 month and 18 month outcomes.

Action Plan: A second addiction psychiatrist is planning to join the team. The project director is collaborating with SCADP outpatient, in home, and supportive housing programs (to which some of the residential clients transfer to upon graduation) to allow clients to continue in the grant project after they are no longer in residential treatment. This will allow the grant to follow clients for longer periods of time, resulting in some 12 and 18 month outcomes. Most of these providers are open to allowing their clients to receive services from more than one SCADP program as long as the services do not overlap, the project director will keep them informed on all clients in their programs and will be responsible educate staff on a client's particular condition.

Client Success Story: A man reached the 12-month mark for receiving psychiatric services. He graduated from the residential program and moved into sober living. He met and slowly developed a relationship with a woman. She went off on vacation for one month, and his anxiety and depressive thinking began to bother him. He realized his insecurity and instead of automatically giving validation to his feelings and thoughts, he discussed them with the available mental health providers. He did some short-term cognitive therapy around his issues. Additionally, he looked for work continuously while in sober living with little success. He is a convicted felon; despite having his number retired, he was unable to secure a position. He did meet sober musicians and begin playing with bands again. After six months, an opening in his trade specialty became available. He was very excited. He understood the competition; however, he decided to apply and answer all questions truthfully. After a couple of interviews, he beat out the competition. He was exceedingly happy, because the employer knew he had been homeless, received treatment, had a felony, and had disappeared from his prior job because of his drug habit. He knew he was hired because of his skill and the changes he made in his life. In his depressive periods he had lost confidence in his abilities, but now he gained his confidence and worked to become independent.

30j) Special Service for Groups (SSG) – SPA 6 Community Coordinated Homeless Services Program

Budget: \$1,800,000 (City and Community Program)

Table E.10: SSG
FY 2009-10 through December 2009

(unduplicated clients)	FY		FY
Homeless Individuals	53	Moving assistance	5
Homeless Families	80	Rental subsidy	17
(individuals)	240		
Transition Age Youth	7	Education	1
At-risk Families	40	Job training/resources	33
(individuals)	107	Job placement	5
Female	241		
Male	166	Case management	178
		Life skills	92
Hispanic	18	Mental health care	6
African American	371		
White	16	Other	41
Other	2	CalWORKs	4
		General Relief	2
15 and under	176	Section 8	3
16-24	55	SSI	5
25-49	184	Substance abuse treatment (outpatient)	1
50+	31	Transportation	17
		Food	2
Case management (level 3)		Eviction prevention	21
Average hours per participant per month	493	Housing (emergency)	55
Total hours for reporting period	1,478	Housing (transitional), average stay 11 days	43
Number of cases per case manager	21	Housing (permanent)	40

Longer-term Outcomes	
Continuing to live in housing	51
Receiving rental subsidy	2
Obtained employment	14
Maintained employment	27
Enrolled in education program/school	1
Substance abuse treatment (outpatient)	2
Substance abuse treatment (residential)	1
Number of organizations/agencies that your program has a formal collaboration for this project	6
Number of times collaborative partners met each month	1
Total amount (\$) of HPI funding leveraged for project	\$2,635,657
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	68%
Number of participants who have enrolled (entered) into program during the reporting period	94
Number of participants who left the program during this period	13
Total number currently enrolled in program	104
Number of clients who received an assessment (if applicable)	94
Cost per participant	\$1,736
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter	20
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter	-

Successes: The program marked its second successful operating quarter of the stated contract. At six months follow up, the project presents an 83% housing retention rate for households who have remained in permanent housing after receiving eviction prevention or homeless services. SSG has found the online funding request process to be very efficient and effective. The financial reimbursement flow has been a smooth one. The open communication with the Homeless and Housing Program Fund analyst has made it possible to set key infrastructure procedures in place.

Challenges: The lack of emergency and transitional housing facilities that accept intact families continues to be a challenge to keep families together. Most available temporary housing slots will only service single women with children or single males, but not both parents with children. A program specific challenge is the development of a database to efficiently collect quarterly report requirements. In addition, being pressed with time to produce quarterly reports slows down the development of a comprehensive database system.

Action Plan: Monthly collaborative meetings continue to take place to address the lack of intact family housing slots that are available. Contract partners meet to coordinate client services, strengthen community/partner relationships and build service capacity amongst members. In addition, as a larger division, the program will consolidate various homeless service providers' meetings for Service Planning Area (SPA) 6 into one convening per month. This would allow SSG as an agency to effectively be in sync with SPA 6 homeless service agencies and discuss systemic issues with a larger stakeholder group. With regards to developing a data collection system the Project Director has sought technical assistance through the CEO's office. The goal is to develop a data and outcomes tracking system using the Access software by the end of the fiscal year.

Client Success Story: One particular client success story that stands out this quarter is of a middle aged woman who is a testament to the current economic downfall. The woman found herself homeless after not only being laid off but also because her landlord sold the property in which she was living in without giving tenants proper notice. The client immediately began receiving supportive services once admitted. However, she was unsure of being placed in a shared living space through a transitional housing partner. The client insisted in finding temporary shelter elsewhere. She slept in her car, with friends and family, and would pay for a hotel with her unemployment earnings. While in the program, she referred a friend who took advantage of the transitional housing component to begin saving her money. Soon after she noticed her friend's progress toward financial and housing security, the client agreed to be placed with a housing partner Community Minded Business. Approximately 45 days after being in transitional housing, the client was able to regain stability by securing employment, adhering to a savings plan, securing a new permanent residence, and creating an emergency savings deposit to prevent future unexpected financial

crisis. The client is a success because of her determination and recognition of the benefits of moving through the program as it is intended.

30k) Volunteers of America - Los Angeles, Strengthening Families

Budget: \$1,000,000 (City and Community Program)

**Table E.11: VOALA
FY 2009-10 through December 2009**

(unduplicated clients)	Cumulative		Cumulative
Homeless Families	66	Alternative court	6
(individuals)	296	Case management	251
At-risk Families	90	Life skills	158
(individuals)	447	Mental health	62
Female	388	Health care	39
Male	356	Social/community activity	135
		Substance abuse treatment (outpt.)	2
Hispanic	742	Transportation	137
Other	2	Food	114
		Medi-Cal/Medicare	97
15 and below	394	CalWORKs	41
16-24	97	General Relief w/Food Stamps	17
25-49	238	General Relief only	2
50+	14	Shelter Plus Care	1
		SSI/SSDI	11
Eviction prevention	81	Food Stamps only	59
Moving assistance	61	Section 8	47
Housing (emergency)	17	Legal	18
Housing (transitional)	6	Clothing	89
Housing (permanent)	12	Education	59
Rental subsidy	7	Job training, referrals	126
		Job placement	31
Average stay at emergency housing:		60 days	
Number placed into transitional housing:		14 families	
Case management (level 2)			
Average case management hours for each participant per month:		5 hours	
Total case management hours for all participants during current reporting period:		286 hours	
Number of cases per case manager:		22 cases	
Longer-term Outcomes (at six or more months)			
Maintained permanent housing (through eviction prevention, linkages to jobs)		125	
Receiving rental subsidy		10	
Obtained employment		33	
Maintained employment		36	
Enrolled in educational program, school		30	
Received High School Diploma/GED		5	
Case management		217	
Health care		81	
Good or improved physical health		105	
Mental health care		39	
Good or improved mental health		115	
Substance abuse treatment (outpatient)		2	
No drug use		2	
Reunited with family		4	

Successes: During this reporting period, four families in the Strengthening Families program received security deposits, which enabled them to move into permanent housing. Once the families moved into their permanent housing, the case managers' primary focus moved from finding permanent housing to linking families to community services and resources that would enable them to become self-sufficient. Additionally, the case managers worked with their families on finance planning, budgeting and how to navigate the public social services system. During the month of December, Strengthening Families was the lead agency for East Los Angeles that coordinated Project Homeless Connect Day 2009, where families who are homeless or at risk for becoming homeless were able to receive a multitude of services

and resources. With the assistance of over 35 community-based organizations, government agencies, and local business, the agency was able to serve over 300 families and individuals. Many of the families and individuals attending the event received same day assistance and many others were connected to various programs and services. Also for the month of December, all the families participating in the Strengthening Families program received food baskets, clothing, shoes and other much need items.

	Quarter
Number of organizations/agencies that your program has a formal collaboration for this project	5
Number of times collaborative partners met each month	4
Total amount(\$) of HPI funding leveraged for project	\$1,000,000
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	50%
Number of participants who have enrolled (entered) into program during the reporting period	38
Number of participants who left the program during this period	6
Total number currently enrolled in program	133
Number of clients who received an assessment (if applicable)	75
Cost per participant	-

Challenges: Some of the challenges that the case managers have encountered during this reporting period are the lack of affordable housing units. The case manager's work with all their families on enrollment for Section 8 and conventional housing, but because of budget cuts and funding the waiting list for most affordable housing is a one to two year wait. Additionally, many of the families participating in the Strengthening Families program do not qualify for Section 8 or conventional housing because of the legal status so that poses an extra challenge for finding housing. Employment opportunities are very limited and the need for employment is very high. Many of the families that had been previously employed have lost their employment, and because of their legal status, they are unable to find employment. Many of the community resources in the past that have provided a safety net for families such as food banks are no longer as easy to access because of greater demand.

Action Plan: The program will continue to provide effective case management for families and connect with supportive services. Case managers are working closely with families on establishing a family action plan, so that they can better assist their families with their goals and objectives. The action plan includes but is not limited to money management, budgeting, and utilizing all available resources. Additionally, the case managers are working with families on opening saving accounts. The case managers will continue working with families that have not yet found employment by encouraging participation employment opportunities, employment readiness, resume writing, and successful interview technique classes. For the foreclosure and eviction cases, case managers have assisted by informing them about their rights as tenants and property owners. The case managers have also connected their families with a community based nonprofit legal organization that is assisting many the families with their situation at no charge.

Client Success Story: A family of six who had been living in their car was placed in emergency shelter, and with the assistance of a case manager was able to find and move into permanent housing. The case manager was able to assist the mother with finding employment and working with the father to find employment. The family's youngest child was enrolled into the Volunteers of America State Preschool/Head Start, a full-day child care program, thus the family does not have to worry about child care. The case manager also assisted families in enrolling families three other children in an after-school tutoring program that provides academic assistance to students who are homeless. With the assistance of the case manager, the family has established a family budget and savings plan and is working on moving to a permanent home.

30I) Women's and Children's Crisis Shelter

Budget: \$300,000 (City and Community Program)

Table E.12: Women's and Children's Crisis Center (WCCS)
FY 2009-10 through December 2009

(unduplicated clients)	Cumulative	Cumulative
Homeless Families	65	15 and below 140
At-Risk Individuals	447	16-24 81
		25-49 234
Female	437	50+ 23
Male	86	
		Case management 11
		Housing (emergency) 104
Hispanic	337	Housing (transitional) 4
African American	77	Average stay in days (for quarter) 23
White	47	Number to shared living w/friends or family 6
Asian/Pacific Islander	8	Life skills 21
Native American	1	Mental health care 54
Other	53	Transportation 63
<i>Families are made up of individuals.</i>		Job training 1
		Job placement 1
Case management (level 1)		
Average case management hours for each participant per month:		4 hours
Total case management hours for all participants during current reporting period		45 hours
Number of cases per case manager:		5 cases
Program Specific Measures:		Quarter
Number of hotline calls that are related to domestic violence issues.		166
Number of hotline calls that are related to homeless issues.		159
Of the calls related to domestic violence, the number of families/individuals at-risk of becoming homeless.		92
Number of individuals reunited with their families.		-
Number of families who have enrolled (entered) into program during the reporting period		14
Number of families who left the program during this period		11
Total number of families currently enrolled in program		4
Number of clients who received an assessment (if applicable)		11
Cost per participant		\$538
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter		3
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter		3

Successes: Both families in the transitional shelter continue to receive program services and are stable. At the beginning of the quarter, the emergency shelter returned to its normal program activities after a chicken pox outbreak affected the families. Six new families enrolled in the program at the beginning of the quarter alone. Throughout the entire quarter, seven families obtained temporary restraining orders. A client at the transitional shelter continues to attend English as a Second Language (ESL) classes.

Challenges: Finding transitional housing for the emergency shelter clients continues to be an obstacle. Only one family was accepted into long term housing during this quarter. The importance of keeping strict confidentiality of the shelter is vital. One family broke confidentiality and was consequently asked to exit the program.

Action Plan: The program will continue to provide services to both emergency and transitional shelter clients. The Transitional Case Manager encouraged staff to help the monolingual Spanish clients speak and converse in English, and the clients English has improved over time.

Client Success Story: After many weeks of job hunting, mock interviews and resume writing workshops, one of the transitional shelter clients obtained a part-time job at the beginning of the quarter. The client relies on public transportation to get to and from work. The child care provider is flexible with the client's variable work schedule and continues to provide child care assistance. The client continues to receive individual counseling and attends support groups and parenting classes.

30m) City of Pomona: Community Engagement and Regional Capacity Building (CERC)

Budget: \$1,239,276 (City and Community Program)

**Table E.13: City of Pomona: Community Engagement and Regional Capacity Building
FY 2009-10, through December 2009**

	FY
Number of groups included in Consortium	43
Number of community meetings that the CEM and Consortium members attended	-
Number of speaking engagements (by CEM and Consortium)	-
Number of key leaders engaged with Consortium meetings	-
Number of cities actively involved in Consortium meeting	-
Number of strategies developed to eliminate barriers to service and housing delivery	9
Number of legislative, zoning changes, etc.	-
Number of cities actively engaged in strategic planning and/or community activity	7
Number of cities that designate a point person on staff to work on implementing recommendations	8
Number of organizations/agencies that your program has a formal collaboration for this project	11
Number of times collaborative partners met each month	1
Total amount(\$) of HPI funding leveraged for project	-
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)	-

Successes: The City of Pomona, the County Supervisors, and the San Gabriel Valley Council of Government (SGVCOG) have reached an agreement on the separation of \$160,000 in HPI funds from the Community Engagement and Regional Capacity Building Program (CERC) to be used to support the complementary program developed by the SGVCOG.

Challenges: The CONSORTIUM must now quickly implement the CERC Program in order to bring unity and support to the regional effort to end homelessness.

Action Plan: The CONSORTIUM must seek advance funding in order to begin the funding cycle to support the planned services. Staff will be hired by mid-March and begin to move the YIMBY Campaign and the interactive resources webpage and resource desk program components.

30n) City of Pomona: Integrated Housing and Outreach Program (IHOP)

Budget: \$913,975 (City and Community Program)

Successes: The IHOP Program has been very successful in working with local landlords, property managers and management companies. For each client in need of eviction prevention services, their landlord has accepted and worked with the IHOP program. When a check could not be issued on the spot, landlords were willing to wait a week until a check could be issued to prevent the eviction. Landlords have also allowed clients to move in knowing a check will be mailed to them, which has helped reduce costs of motel vouchers.

Challenges: Finding appropriate housing for clients on fixed income (GR, CalWORKs, and SSI) continues to be a challenge. Many of the chronically homeless have fixed incomes, and unfortunately, \$800 a month from SSI is not sufficient income to live in one's own apartment. Many chronically homeless people are not willing to accept affordable shared living.

Action Plan: As long as clients qualify for IHOP, they can be placed into appropriate housing whether in Pomona or other cities. Some Section 8 apartment complexes in the local area, as well as some properties at a distance, are available for rent as low as \$199 a month. It is a challenge for clients to move far away, but by building a good relationship with the clients and landlords, greater success has been achieved by placing chronically homeless in distant housing. The Faith-based Committee began meeting in January 2010. A uniform client eligibility form is being developed for similar programs. Directory distribution is currently tracked manually. The webpage is live, and the tracking of webpage usage is being explored. Additional IHOP measure tracking is in development for the Pomona Continuum of Care Coalition.

Client Success Story: Client L is a 33-year-old male struggling with an addiction to alcohol and methamphetamine. He has a co-occurring mental health disorder. L suffers from seizures and is bi-polar. As such, L fits the definition of chronically homeless. He realized that in order to address his mental health issues, he needed to get into a detox program. L was placed into detox and, after completing the 10-day program, he moved into residential treatment. The client is now in stable housing, completing life skills training, and participating in counseling in a safe environment.

**Table E.14: City of Pomona: Integrated Housing and Outreach Program
FY 2009-10, through December 2009**

(unduplicated clients)	Cumulative		Cumulative
Homeless Individuals	13	Eviction prevention	12
Chronic Homeless	6	Housing (emergency), average 53 day stay	9
Homeless Families	17	Housing (transitional)	13
(individuals)	49	Housing (permanent)	17
Transition age youth	3	Job training	3
At-risk Individuals	3	Job placement	3
		CalWORKs	1
Female	48	General Relief (and Food Stamps)	1
Male	32	General Relief	1
		Case management	38
Hispanic	30	Health care	4
African American	51	Life skills	8
White	6	Mental health care	15
Native American	1	Social/community event	3
Other	1	Substance abuse treatment (outpatient)	3
		Substance abuse treatment (residential)	3
15 and below	36	Transportation	10
16-24	33	Food	8
25-49	35		
50+	26	Case management (level 3)	
		Average hours for each participant	69
		Total hours for all cases	207
		Average caseload per case manager	11
Average change in income for participants (annually)			\$10,197
Number of agencies that use a uniform consent form			-
Number of agencies that received a current local Service Directory			43
Number of agencies active			37
Number of service delivery recommendations implemented by the Committee and PCOC			1
Longer-term Outcomes (at six months):			
Continuing to live in housing			6
Obtained/Maintained employment			4
Enrolled in education program/school			1
Case management			8
Health care			8
Good or improved health			8
Mental health care			2
Good or improved mental health			3
Substance abuse treatment (outpatient)			1
No drug use			7
Reunited with family			1
			Quarter
Number of organizations/agencies that your program has a formal collaboration for this project			18
Number of times collaborative partners met each month			3
Total amount(\$) of HPI funding leveraged for project			\$71,553
Percent of HPI funding leveraged for project (total HPI funds/total funds leveraged)			100%
Number of participants who have enrolled (entered) into program during the reporting period			22
Number of participants who left the program during this period			5
Total number currently enrolled in program			22
Number of clients who received an assessment (if applicable)			25
Cost per participant			\$310
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the beginning of the quarter			2
If transitional/emergency or permanent housing program, indicate the number of beds/units that were vacant at the end of the quarter			-

VI. COUNCIL OF GOVERNMENTS (COGs)

31a) San Gabriel Valley Council of Governments

Budget: \$200,000 (On-going Funding)

In April 2009, a study team consisting of the Corporation for Supportive Housing, Shelter Partnership, Inc., Urban Initiatives, and McDermott Consulting, presented the San Gabriel Valley Regional Homeless Services Strategy Final Report to the San Gabriel Valley Council of Governments (SGVCOG). The final report included a summary of priorities presented by sub-regional cluster group and the following key issues were identified.

- First Priority: Permanent Supportive Housing
- Second Priority: Short-Term Housing (Emergency Shelter & Transitional Housing)
- Third Priority: Access Center

Implementation Strategy and Recommendations

A summary of five-year housing and service targets was presented by cluster group. Overall for the region, three strategic objectives, related recommendations, and a timeline were presented.

Strategic Objective I: Develop Leadership, Political Will, and Community Support

- Recommendation 1: Create a Valley-wide Membership Based Organization for the Primary Purpose of Education, Advocacy, and Coordination
- Recommendation 2: Meet and Confer with Municipal Leaders, Community Groups, Business Leaders, Faith-based and Community Service Providers within the San Gabriel Valley

Strategic Objective II: Build Provider Capacity and Expand the Service Delivery System

- Recommendation 1: Engage Community and Faith-based Service Providers in Planning, Training and Overall Capacity Building
- Recommendation 2: Create More Housing Opportunities for Homeless Persons in the San Gabriel Valley
 - ✓ 588 units of permanent supportive housing over the next five years
 - ✓ 150 emergency shelter beds and 300 transitional housing beds for single individuals over the next five years
 - ✓ Scattered-site housing programs to serve 100 families annually
- Recommendation 3: Create an Access Center in Cluster Five (Claremont, Diamond Bar, Glendora, La Verne, Pomona, and San Dimas)
- Recommendation 4: Develop Valley-wide Referral and Information Sharing System

Strategic Objective III: Leverage and Maximize Utilization of Available Financial Resources

- Recommendation 1: Form a San Gabriel Valley Supportive Housing Pipeline Review Committee
- Recommendation 2: Commit Local Investments from Municipalities Across Multiple Jurisdictions within the San Gabriel Valley to Stimulate Housing Production
- Recommendation 3: Utilize New Funding Opportunities to Expand Short-term Housing and Rapid Re-housing Programs

31b) PATH Partners/Gateway Cities Homeless Strategy

Budget: \$135,000 (On-going Funding)

PATH Partners presented the Gateway Cities Homeless Strategy to the Gateway Cities Council of Governments (GCCOG). The first three categories (LEAD, ENGAGE and COLLABORATE) provide recommended actions that will build the leadership and infrastructure required to plan, develop and successfully start up the proposed programs and services presented in the IMPLEMENTATION category of the strategy.

The LEAD phase includes identification of a current or new regional leadership entity as well as designating a "Homeless Liaison" for each city. The ENGAGE phase involves formation of a stakeholder regional homeless alliance, implementation of "connections" strategies to engage the community, and

development of a public education campaign. Third, the COLLABORATE category focuses on enhanced government-wide collaboration. Specific strategies include: leveraging \$1.2 million of County HPI funds to secure matching dollars within the region, exploring opportunities to secure funding from the American Recovery and Reinvestment Act of 2009, and organizing and coordinating the GCCOG cities to apply for additional funding; and coordinating a region-wide, multi-sector homeless collaborative event that integrates services and resources across agencies and departments, including government departments, service providers, faith groups and the business community. One example of an effective event that has produced demonstrated results in several communities are "Homeless Connect Days." The County of Los Angeles currently sponsors events that bring together hundreds of volunteers to engage homeless people and connect them to needed services all on one day.

The IMPLEMENT phase consists of four categories of implementation actions that are proposed as part of the Gateway Cities Homeless Strategy, which are all very closely intertwined and form a mini-"homeless strategy" in a region that effectively assists homeless individuals and families to move from the streets into housing and long-term independence –

- √ **Homeless Prevention Services:** The region will create a minimum of two new homeless prevention programs over the next 12 months to provide prevention services to the homeless. A target goal is to have a total of four programs formed (one in each of the four group areas of the GCCOG region), over the next 3-5 years to provide accessible prevention services to those in need. Each homeless prevention program will serve 500 unduplicated individuals annually, providing screening and assessments, prevention programs and housing assistance.
- √ **First Responders Program:** Geographic-based street outreach team(s) would serve as "first responders" and coordinate with local law enforcement, service providers, hospitals, businesses and others. Teams would be comprised of staff and/or volunteers, and would be multiPATH Partners 2009 disciplinary, utilizing staff from existing mental health providers, substance abuse treatment providers, county agencies, and faith groups. The GCCOG region will create a minimum of two new outreach teams over the next 12 months to provide outreach services to the Gateway Cities. A target goal is to have a total of four teams operating (one in each of the four group areas of the GCCOG) over the next 3-5 years to provide more accessible outreach services. Each outreach team will engage 80 new unduplicated homeless individuals and assist them in connecting to services annually.
- √ **Interim Housing:** Develop a strategy to "rapidly re-house" individuals into interim housing, with the end goal of long-term housing. This approach will be linked to street outreach teams and will focus on intensive housing and placement assistance upon entry into interim housing, and will include linkages to housing subsidies, rental assistance programs and other supportive services. Cities/communities would place special emphasis on connecting existing interim beds and programs to street outreach, homeless prevention services, permanent supportive housing and other supportive services. The region will create a minimum of two new interim housing programs (30-40 beds per program) over the next 12 months. A target goal is to have four new interim housing programs (one in each of the four group areas in the region) over the next 3-5 years to provide housing. Each new program will serve 100 unduplicated homeless individuals annually, providing them with housing, case management and assistance in connecting to long-term housing opportunities and supportive services.
- √ **Permanent Supportive Housing (PSH):** Create a multi-year plan to increase the stock of PSH units in the GCCOG region. A proposed goal for the region is to invest in the creation of 665 units of PSH over the next five years (2010 to 2014). The production goal of 665 new units will double the number of available supportive housing units. The goal is based on an assessment of the available funding resources the GCCOG will be able to realistically access to support the creation of new PSH units. The breakdown of the 665 unit production goal over five-years includes: one 40 unit development, 175 units of smaller PSH projects and set aside units, and 450 scattered-site leasing units. A plan will be developed for acquiring further rental vouchers and/or creating more subsidized housing in the region for homeless families and single adults who do not require supportive housing but do require affordable housing in order to end their homelessness as they transition out of interim housing.